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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009

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

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

C Name of organization
RENOVACION CONYUGAL INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 146

City or town, state or country, and ZIP + 4
Acworth, GA 30101

D Employer identification number
35-2166123

E Telephone number
(678) 363-3079

F Group Exemption Number ▶

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

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ www renovacionconyugal com

J Tax-Exempt status (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 121,518

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	75,909
	2	Program service revenue including government fees and contracts		2	42,486
	3	Membership dues and assessments		3	0
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 2,699 of contributions reported on line 1)	6a 3,123		
	b	Less direct expenses other than fundraising expenses	6b 424		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	2,699
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	121,094
Expenses	10	Grants and similar amounts paid (attach schedule)		10	855
	11	Benefits paid to or for members		11	350
	12	Salaries, other compensation, and employee benefits		12	37,877
	13	Professional fees and other payments to independent contractors		13	16,850
	14	Occupancy, rent, utilities, and maintenance		14	23,323
	15	Printing, publications, postage, and shipping		15	10,918
	16	Other expenses (describe ▶)		16	39,263
	17	**Total expenses.** Add lines 10 through 16 ▶		17	129,436
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-8,342
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	4,896
	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 through 20 ▶		21	-3,446

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	2,221	22	2,740
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	2,675	24	4,814
25	**Total assets**	4,896	25	7,554
26	**Total liabilities** (describe ▶)	0	26	11,000
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	4,896	27	-3,446

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

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
Our mission is to strengthen, revitalize, and equip Latino families through educational workshops and support groups that improve their communication skills and relationship commitment, empowering participants to thrive and enjoy a healthy family environment Mission is accomplished through programs in three major areas, couples, parenting and teens

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Couples program - Includes a one day workshop (Taller de Parejas) in Spanish that teaches communication skills and problem solving techniques Examines the level of commitment of the couple and helps them recognize patterns and traits that they received in their upbringing and how they affect their relationship Clarifies ideas and misconceptions about their sexuality Outcomes for this program were 95% reported improved communication skills, 88% reported increased commitment to the relationship, 92% reported improved skills for managing anger and frustration, 87% reported improved understanding of sexuality in the relationship This outcomes were measured by pre and post evaluations and 3, 6 and 12 month follow-up interviews On 2009, we prepared 10 of these workshops with a total of 582 participants After every workshop support groups were established and led by a couple of trained volunteers We prepared 1 Plenitud Matrimonial workshop for 32 couples that had already attended the "Taller de Parejas" workshop and had completed the support group This program teaches specific communication techniques, works one-on-one with participants on problem-solving techniques and helps build intimacy Our couples' program received $1,288 in donated goods, $2,000 in in-kind use of of facilities and 4,158 donated volunteer hours
(Grants $ 395) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 30,880

29 Our parenting program "Escuela Para Padres" is a series of classes that provide Latino parents with the necessary skills to make their job as parents easiers and give ideas on how to better fulfill their role The program discusses the role of their native culture and upbringing in how they perceive their kids and their parenting style Stresses the importance of recognizing kids as people that deserve respect and attention Program explains ways to help kids to see themselves as valuable, promoting the development of a positive self-image Establishes the importance of having clearly defined values and the most effective way to implementing discipline and control without verbal or physical violence Teaches cooperation among family members and promotes the idea of leading kids to eventual self-regulation A group of volunteer multi-disciplinary professionals present the program and donate 1,280 volunteer in-kind hours to make the program possible On 2009, 8 parenting workshops were presented including our first official partnership with Gwinnett County schools Services were provided to 395 parents Measured outcomes were 81% of parents were using the "I" message" to communicate with their kids, 87% of parents were showing affection to their kids and giving them unconditional positive strokes, 88% parents could view their kids as an individual person that deserve respect, 79% of parents reported that they were using new techniques to discipline their kids using physical or verbal and to manage anger and frustration when dealing with their kids We received $1,205 in in-kind use of facilities
(Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ **29a** 20,321

30 Our teenagers' program (Renovacion Juvenil) is targeted to teens 13 to 18 years of age The objective of the workshop is to provide them with tools that will prevent in this group drug and alcohol abuse, low self-esteem, participation in gangs, teen pregnancy The program also helps them adapt to the reality of living in a dual-culture They receive skills to improve their communication with their parents and develop positive leadership traits A session is prepared for the teens' parents so that they are prepared to establish a better communication with their teens and they know where to look for help if they need assistance with family relationship issues All activities are prepared and presented by Latino teens and young adults Peer mentorship opportunities and counseling referrals are available On 2009, we prepared 5 workshops with 508 teens in attendance 641 people participated from the parents' program A total of 14 support groups were formed, serving 224 teens We also prepared leadership seminars so that the teens that we interested could gain new skills and leadership abilities We supported the kids that attended the leadership seminars so that they could start volunteering in our program, their school, church and or community By making sure that they put to work their newly gain talents, we encourage the formation and development of new positive young leaders for our Latino community Our measured outcomes were, 81% of teens reported having a better relationship with their parents, 68% were showing new leadership skills, and 66% of teens were not using alcohol or drugs Outcomes were measured by pre and post assessments and 6 and 12 month follow-ups Volunteers donated 14,652 in-kind hours to make this program possible We received $3,093 in in-kind use of facilities
(Grants $ 460) If this amount includes foreign grants, check here . . . ▶ ☐ **30a** 29,109

31 Other program services (attach schedule) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 80,310

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 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	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ GA

42a The organization's books are in care of ▶ Renovacion Conyugal - Belisa Urbina Telephone no ▶ (678) 363-3079

Located at ▶ 591 Cherokee St Marietta, GA ZIP + 4 ▶ 30101

			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(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				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

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: 2010-05-14

Belisa Urbina Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RENOVACION CONYUGAL INC

Employer identification number
35-2166123

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 **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 to 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 - Other

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 it 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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 col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,895	11,263	41,122	65,855	75,909	199,044
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	38,852	43,888	36,976	36,802	48,166	204,684
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	43,747	55,151	78,098	102,657	124,075	403,728
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0
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	0	0	0	0		0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public Support** (Subtract line 7c from line 6)						403,728

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	43,747	55,151	78,098	102,657	124,075	403,728
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0		0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0
13 **Total support** (Add lines 9, 10c, 11 and 12)	43,747	55,151	78,098	102,657	124,075	403,728

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	1 00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	1 00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2009.** 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 **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2008.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 35-2166123
Name: RENOVACION CONYUGAL INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Dr Jose O Rodriguez MD 3230 Hobson Ridge Trail Acworth, GA 30101	Chairman of the Board 3 5	0	0	0
Hernan Quevedo Phd 230 Arnold St Hapeville, GA 30354	Chairman Programs Committee 5 00	0	0	0
Maria Capalleja 135 Jilstone Ct Johns Creek, GA 30097	Treasurer 2	0	0	0
Gisela Cordova MS 4788 Pastry Lane Acworth, GA 30101	Secretary 2	0	0	0
Nicky Lopez 1418 Sisters Ct Lawrencevile, GA 30043	Chairman Fundraising Committee 8 50	0	0	0
Maria Malca 591 Cherokee St Marietta, GA 30043	Chairman Marketing Committee 4 00	0	0	0
Oscar Arango 1831 Dorset Trace Circle Lawrenceville, GA 30045	Chairman Volunteers Committee 4 50	0	0	0
Sandra Fantauzzi PO Box 146 Acworth, GA 30101	Chairman Education Committee 3 50	0	0	0
Carlos Lecaros 435 Suwanee East Dr Lawrenceville, GA 30043	Chairman Events Committee 6 50	0	0	0
Michael C UrbinaPabon 436 Druid Oaks NE Atlanta, GA 30329	Community Representative 6 00	0	0	0
Ivelisse Ruperto 2982 Gala Trail Snelville, GA 30039	Community Representative 3 00	0	0	0
Rosa Gomez 249 Picketts Trace Acworth, GA 30101	Administrative Assistant 20 00	9,495	0	0
Belisa Urbina 54 Mt Vernon Ridge Dallas, GA 30132	Executive Director 40 00	25,200	0	0

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TY 2009 Other Assets Schedule

Name: RENOVACION CONYUGAL INC
EIN: 35-2166123
Software ID: 09000073
Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Computers & Equipment	2,675	4,814

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TY 2009 Other Expenses Schedule

Name: RENOVACION CONYUGAL INC
EIN: 35-2166123
Software ID: 09000073
Software Version: v1.00

Description	Amount
Food for Program participants	11,054
Mileage reimbursement to program volounteers	4,851
Office Equipment	2,101
Staff and Volunteer Training	2,667
Software	6,744
Insurance	323
Membrships	1,484
Loan Repayment	6,000
Bank & Management Fees	1,943
Other Program Expenses	194
Board meetings expenses	519
Office Materials	1,383

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TY 2009 Other Liabilities Schedule

Name: RENOVACION CONYUGAL INC
EIN: 35-2166123
Software ID: 09000073
Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
	0	
Loan	0	11,000