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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010

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

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 ▶

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

I Website: ▶ www renovacionconyugal com

J Tax-Exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)( ) ◀(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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 151,938

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	77,670
	2	Program service revenue including government fees and contracts		2	61,624
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 2,127		
	b	Gross income from fundraising events (not including $ 10,517 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)			
	c	Less direct expenses from gaming and fundraising events	6c 6,164		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	6,480
	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 in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	145,774
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,324
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	76,283
	13	Professional fees and other payments to independent contractors		13	4,394
	14	Occupancy, rent, utilities, and maintenance		14	16,543
	15	Printing, publications, postage, and shipping		15	10,769
	16	Other expenses (describe in Schedule O)		16	35,235
	17	**Total expenses.** Add lines 10 through 16		17	144,548
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,226
	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	-3,446
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	-2,220

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	2,740	22	153
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	4,814	24	8,607
25 **Total assets**	7,554	25	8,760
26 **Total liabilities** (describe in Schedule O)	11,000	26	10,980
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-3,446	27	-2,220

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this 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 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**28a**	
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**30a**	
31 Other program services (describe in Schedule O) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶		**32**	116,582

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

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☑

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34	Yes	
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions)	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 tax year covered by this return?	38a	Yes	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b 9,600			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶ 4606 Main St Suite C Acworth, 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
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45**		No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45a**		No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

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

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 . . . . . ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☑ **Yes** ☐ **No**

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

Sign Here

▶ _____ 2011-05-16
Signature of officer Date

▶ Belisa Urbina Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification 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

2010

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,263	41,122	65,855	75,909	79,797	273,946
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	43,888	36,976	36,802	48,166	61,624	227,456
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	1,000	1,000
6 **Total.** Add lines 1 through 5	55,151	78,098	102,657	124,075	142,421	502,402
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	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		10,860	10,860
c Add lines 7a and 7b	0	0	0	0	10,860	10,860
8 **Public Support** (Subtract line 7c from line 6)						491,542

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	55,151	78,098	102,657	124,075	142,421	502,402
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)	55,151	78,098	102,657	124,075	142,421	502,402

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	97 838 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	1 00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 35-2166123
Name: RENOVACION CONYUGAL INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	**Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)**	
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 2010, we prepared 10 of these workshops with a total of 588 participants After every workshop support groups were established and led by a couple of trained volunteers We prepared 1 Plenitud Matrimonial workshop for 30 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 $5,261 in donated goods, $1,750 in in-kind use of of facilities and 4,311 donated volunteer hours (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	35,827
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 2,428 volunteer in-kind hours to make the program possible On 2010, 10 parenting workshops were presented in particular through public schools Services were provided to 307 parents We also provided 12 individual parenting seminars (aside to regular classes) to expand the information provided, include additional topics and further parenting education 343 parents participated of these seminars 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 $1,340 in in-kind use of facilities and $2,650 in inkind goods (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	26,854
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 2010, we prepared 4 workshops with 365 teens in attendance 373 people participated from the parents' program A total of 8 support groups were formed, serving 112 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 15,311 in-kind hours to make this program possible We received $2,015 in in-kind use of facilities and $7,013 in inkind goods (Grants $ 32,500) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	46,934
For the first time this year we started a new project "Taller de Padres e Hijos" This program is a one-day workshop for Latino parents and their teens ages 13 to 18 It complements and completes the experience of the "Renovacion Juvenil" program by giving teens and parents new skills to improve their communication and relationship We prepared one of these programs with 48 teens and 32 parents attending We will make this a permanent project for the organization and we will prepare logic models and outcome measurements to track success of the effort Volunteers devoted 612 inkind hours to the program It received $576 in inkind goods and $500 in inkind use of facilities (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		4,643
In Partnership with American Cancer Society, Renovacion Conyugal held one session of the program "Con Amor Aprendemos" This project is targeted towards Latino couples of all ages with the goal of teaching them about the Human Papiloma Virus and other sexually transmitted diseases 16 people participated Program received $300 in inkind donated facilities and $120 in inkind goods (Grants $ 1,720) If this amount includes foreign grants, check here . . . ▶ ☐		1,746
In partnership with the organization "Partnership Against Domestic Violence" we presented the seminar "Domestic Violence 101 for Religious and Community Leaders" This program teaches best practices to serve Latino victims of domestic violence We presented 1 of these seminars 21 people participated Volunteers devoted 45 inkind hours to the program The program received $150 in inkind space donation and $150 in donated goods (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		578

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 4	0	0	0
Maria Capalleja 135 Jilstone Ct Johns Creek, GA 30097	Treasurer 2 5	0	0	0
Gisela Cordova MS 4788 Pastry Lane Acworth, GA 30101	Secretary 1 5	0	0	0
Nicky Lopez 1418 Sisters Ct Lawrencevile, GA 30043	Development Director 20	9,205	0	0
Maria Malca 591 Cherokee St Marietta, GA 30043	Chairman Marketing Committee 2	0	0	0
Oscar Arango 1831 Dorset Trace Circle Lawrenceville, GA 30045	Chairman Volunteers Committee 4	0	0	0
Sandra Fantauzzi PO Box 146 Acworth, GA 30101	Chairman Education Committee 1	0	0	0
Carlos Lecaros 435 Suwanee East Dr Lawrenceville, GA 30043	Chairman Events Committee 2 5	0	0	0
Michael C UrbinaPabon 436 Druid Oaks NE Atlanta, GA 30329	Governance Committee Chairman 4	0	0	0
Ivelisse Ruperto 2982 Gala Trail Snelville, GA 30039	Community Representative 1 5	0	0	0
Rosa Gomez 249 Picketts Trace Acworth, GA 30101	Administrative Assistant 20	11,679	0	0
Belisa Urbina 54 Mt Vernon Ridge Dallas, GA 30132	Executive Director 45	34,865	0	4,500

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
RENOVACION CONYUGAL INC

Employer identification number
35-2166123

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1) Belisa M Urbina Help with organization's cash flow	X		12,000	9,600		No	Yes		Yes	
Total . . . . . ▶ $				9,600						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492136021481

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
RENOVACION CONYUGAL INC

Employer identification number
35-2166123

Identifier	Return Reference	Explanation
F99Z_P01_S00_L10	Form 990-EZ, Part I, Line 10	$1,324 were used to pay for registration of participants that could not pay for the program registration fees We don't deny services to anybody because the inability to pay for program fees

Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	$28 were paid for background checks for volunteers of youth events $14,291 were paid in meals for events participants $8,564 00 were spent in marketing efforts and participation in community fairs $3,406 in other office materials expenses $663 were paid in memberships to professional organizations $3,072 were paid for lodging and mileage reimbursement for volunteers related to program activities $4,663 were paid for volunteers training and events $548 were spent in paying airline tickets for 2 presenters for one of our workshops

Identifier	Return Reference	Explanation
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	$1,199 in new furniture and equipment in $3,610 in furniture and equipment and $3,798 in accounts receivable

Identifier	Return Reference	Explanation
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	$1,380 in credit card debt and $9,600 in loans

Identifier	Return Reference	Explanation
F99Z_P05_S00_L33	Form 990-EZ, Part V, Line 33	The organization started a new program "Taller de Padres e Hijos" and started preparing "Cultural and Linguistic Proficiency" seminars to teach other providers in the community best practices in serving Latino youth and families Organization also partnered with the American Cancer Society and Partnership Against Domestic Violence to provide two educational programs "Con Amor Aprendemos" and "Domestic Violence 101"

Identifier	Return Reference	Explanation
F99Z_P05_S00_L34	Form 990-EZ, Part V, Line 34	Two different law offices donated their time to review the organization's by laws and articles of incorporation Both documents were amended and articles of incorporation were re-filed with the Georgia State Department as required