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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, 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*

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

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) ▶

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

I Website: ▶ www renovacionconyugal com

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ $ 183,797

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	140,124
	2	Program service revenue including government fees and contracts		2	16,914
	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 0		
	b	Gross income from fundraising events (not including $ 17,847 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 26,759		
	c	Less direct expenses from gaming and fundraising events	6c 24,142		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	2,617
	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	159,655
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	240
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	38,641
	13	Professional fees and other payments to independent contractors		13	963
	14	Occupancy, rent, utilities, and maintenance		14	19,963
	15	Printing, publications, postage, and shipping		15	56,437
	16	Other expenses (describe in Schedule O)		16	37,357
	17	**Total expenses.** Add lines 10 through 16 ▶		17	153,601
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,054
	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	-2,500
	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	3,554

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	379	22	0
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	10,021	24	12,087
25	**Total assets**	10,400	25	12,087
26	**Total liabilities** (describe in Schedule O)	12,900	26	8,533
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-2,500	27	3,554

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
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 couples, parents, youth and families through educational programs that teach life skills, improved communication skills and relationship commitment, empowering participants to thrive and enjoy a healthy family environment

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses 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**	107,727	

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
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 6,800			
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 ▶ 209 Northridge Dr 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 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 during the year? 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 Form 990-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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	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 only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	**47**		No
48 Is the organization a school as 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 title of each employee paid more than $100,000	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
NONE				

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		

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

Signature of officer	2013-08-14 Date
Belisa Urbina Executive Director Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Additional Data

Software ID: 12000197
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 2012, we prepared 9 of these workshops with a total of 304 participants After every workshop support groups were established and led by a couple of trained volunteers The "Plenitud Matrimonial" workshop is usually prepared for 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 On 2012 this program was not prepared but it continues to be an active program for us We plan to prepare one of these workshops again in 2013 Our couples' programs received $1,312 in in-kind use of of facilities and 3,504 donated volunteer hours (Grants $ 40) If this amount includes foreign grants, check here . . . ▶ ☐	28a	20,845
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 In 2012 they donated 2,213 volunteer in-kind hours to make the program possible On 2012, 6 parenting workshops were presented through public schools and churches We also provided 23 individual parenting seminars These seminars are separate from the regular parenting classes program The goal is to expand the information provided during the regular curriculum, include additional topics and further parenting education 734 parents received services through our different parenting efforts 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 $2,900 in in-kind use of facilities (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	29a	16,665
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 2013, we prepared 3 workshops with 234 teens in attendance 311 people participated from the parents' program A total of 4 support groups were formed, serving 98 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 We also offer these teens training on Teen Dating Violence Prevention, Suicide Prevention, Financial, Gang Awareness and "How to Speak in Public" Our measured outcomes were, 78% of teens reported having a better relationship with their parents, 65% were showing new leadership skills by volunteering at their church, school or community, 68% of kids report improved skills for managing anger and frustration and 81% of teens report the ability to better resist peer pressure to use drugs or alcohol 88% of kids that complete the program are enrolled and attending school Outcomes were measured by pre and post assessments and 6 and 12 month follow-ups Volunteers donated 8,314 in-kind hours to make this program possible We received $4,700 in in-kind use of facilities (Grants $ 200) If this amount includes foreign grants, check here . . . ▶ ☐	30a	30,347
"Cultural and Lingusitic Proficiency Education" program The objective of this effort is to educate other services providers in the community and empower them to better serve Latino couples, parents, youth and families in our community We use the knowledge that our organization has gained after 10 years of working with Latino families This work will improve our collective ability to recognize and address gaps in services We know that by sharing our data and our understanding of Latinos in the region and their reality, we will support the increase of services available and the accessibility of services to Latino families We will make the existing services more culturally relevant thus more effective We will support the creation of new partnerships and collaborations among agencies We will also increase the amount of direct services that we deliver to Latino families During 2012 we prepared 32 seminars 1,211 people participated of these trainings We received $4,500 in inkind use of facilities Volunteers donated 522 hours to this program (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		10,701
During 2012 Renovacion Conyugal, Inc adopted the operation of the taskforce "Georgia Latinos Against Domestic Violence" and made it a permanent program of our agency The program strives to bridge the gap between community service providers and victims of domestic violence in the Georgia Latino community by providing the education and resources necessary to raise awareness and promote advocacy against domestic violence The program prepares the training "Domestic Violence 101" This program teaches best practices to serve Latino victims of domestic violence The program also prepares bi-monthly meetings that provide networking and educational opportunities to Domestic Violence advocates and the general community On October 2012 a community event to bring awareness about Domestic Violence and educational resources to the community was prepared This will be an annual event During the 2012 year 289 people benefited from the activities if this program Volunteers devoted 1,320inkind hours to the program The program received $1,000 in inkind space donation (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		7,748
On 2012, we got certified and started implementing the "Strengthening Families" program, a nationally-awarded program that targets kids ages 10 to 14 and their parents SFP has demonstrated to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance Child maltreatment also decreases as parents strengthen bonds with their children and learn effective parenting skills The program has seven (7) sessions Each session is 2 hours long The first hour includes a kids' session and a parents' session which happen separately The second hour is a session in which families are together The parenting sessions review appropriate developmental expectations, teach parents to interact positively with children, such as showing attention for good behavior It teaches positive family communication skills, having family meetings to improve order and organization, and effective and consistent discipline The children's skills training content includes communication skills to improve parents, peers, and teacher relationships, hopes and dreams, resilience skills, problems solving, peer resistance, feeling identification, anger management and coping skills The family practice sessions allow the parents and children time to practice what they learned in their individual sessions in experiential exercises This is also a time for the group leaders to coach and encourage family members for improvements in parent/child interactions On 2012 we prepared 2 "Strengthening Families" sessions 42 families participated and completed the program The program received $850 in donated facilities and 260 in inkind volunteer hours This will become a permanent program for the organization (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		21,421

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

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
Dr Jose O Rodriguez MD Chairman of the Board	3	0	0	0
Gisela Cordova MS Secretary	2 5	0	0	0
Enrique Garza Treasurer	4	0	0	0
Michael C UrbinaPabon Governance Committee Chairman	4	0	0	0
Linda Perez Chairman Marketing Committee	3	0	0	0
Michelangelo Ho Chairman - Development Committee	4	0	0	0
Alejandro Coss Director	2	0	0	0
Mariano Maluf Director	2	0	0	0
Belisa Urbina Executive Director	45 00	35,000	0	0
Rosa Gomez Administrative Assistant	10	0	0	0
Adriana Nunez Outreach Coordinator	10	0	0	0
Nicky Lopez Development Director	6 00	0	0	0

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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

2012

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 - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that 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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	65,855	75,909	79,797	80,680	140,124	442,365
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	36,802	48,166	61,624	48,354	16,914	211,860
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	1,000	6,275	9,250	16,525
6 **Total.** Add lines 1 through 5	102,657	124,075	142,421	135,309	166,288	670,750
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	10,860	5,000	15,000	30,860
c Add lines 7a and 7b	0	0	10,860	5,000	15,000	30,860
8 **Public support** (Subtract line 7c from line 6)						639,890

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	102,657	124,075	142,421	135,309	166,288	670,750
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	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	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	0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	102,657	124,075	142,421	135,309	166,288	670,750

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 2012 (line 8, column (f) divided by line 13, column (f))	15	95 399 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	97 278 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2012.** 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—2011.** 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.** 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

Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
RENOVACION CONYUGAL INC

Employer identification number
35-2166123

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Valentines' Day Dance (event type)	(b) Event #2 Celebrating Our Heritage Gala (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	8,292	13,315	5,152	26,759
	2 Less Contributions	3,492	9,805	4,550	17,847
	3 Gross income (line 1 minus line 2)	4,800	3,510	602	8,912
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	200	200
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	1,000	4,595	0	5,595
	8 Entertainment	200	300	0	500
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(6,295)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				2,617

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

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

Name ▶ .....

Address ▶ .....

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Belisa M Urbina	Executive Director	Cash Flow	X		10,000	6,800		No	Yes		Yes	
Total			▶ $			6,800						

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 assistance	(d) Type of assistance	(e) Purpose 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

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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

2012

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	Grants to program participants to pay for our teens and couples workshops
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Description,Amount^Workshop Meals,18768|Volunteer Training,7811|Child Care and Transportation Workshops Participants,395|Staff and Volunteer Travel and Lodging Expenses,3599|Legal Insurance and Bank Fees,4805|Marketing and Promotion,1979^Total,37357^
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Description,EOY Amount^Accounts Receivable,6250|Fixed Assets,6243|Less Depreciation,-406^Total,12087^
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	Description,EOY Amount^Loan Payable,8300|Cash Deficit,233^Total,8533^
F99Z_P05_S00_L33	Form 990-EZ, Part V, Line 33	During 2012 we started offering the Strengthening Families program This program is geared towards kids ages 10 to 14 and their parents We also adopted the operation of the task force Georgia Latinos Against Domestic Violence also called GLADV GLADV strives to bridge the gap between community service providers and victims of domestic violence in the Georgia Latino community by providing the education and resources necessary to raise awareness and promote advocacy against domestic violence in the Georgia Latino community Both this programs fit into our mission and our exempt purpose

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TY 2012 Reasonable Cause Explanation

Name: RENOVACION CONYUGAL INC

EIN: 35-2166123

Software ID: 12000197

Software Version: v1.00

Explanation: On May 14, 2013 we filed form 8868 requesting a 3 month extension to file our 990EZ. The request was accepted by the IRS. At the time we were missing some important information needed to complete the form 990.