

Return of Organization Exempt From Income Tax

2023

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning January 01, 2023, and ending December 31, 2023

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization: NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE
D Employer identification number: 62-1811876
E Telephone number: (615) 216-5737
F Group Exemption Number

G Accounting Method: [x] Cash [] Accrual Other (specify):
H Check [] if the organization is not required to attach Schedule B (Form 990).

I Website www.nashvillehispanicchamber.com
J Tax-exempt status (check only one) - [] 501(c)(3) [x] 501(c) (6) [] 4947(a)(1) or [] 527

K Form of organization: [x] Corporation [] Trust [] Association [] Other

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 177,436

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 [x]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6d, 7a-7c.

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	84,221	22	79,132
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	84,221	25	79,132
26 Total liabilities (describe in Schedule O)	80,000	26	80,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,221	27	(868)

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

What is the organization's primary exempt purpose? CHAMBER OF COMMERCE

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	0

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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
YURI CUNZA PRESIDENT/CEO	40	72,576	0	0
CLAUDIA ZAUZUA CHAIR	10	0	0	0
MANUEL CUEVAS 2ND VICE CHAIR	2	0	0	0
JOYCE SEARCY TREASURER/SECRETARY	10	0	0	0
ANEL FLORES BOARD MEMBER	1	0	0	0
DR ROLANDO TOYOS BOARD MEMBER	1	0	0	0
JUAN LOMBERA VICE CHAIR	1	0	0	0
MARIE SUEING BOARD MEMBER	1	0	0	0
MONCHIERE HOLMES JONES BOARD MEMBER	1	0	0	0
HUGO REYES BOARD MEMBER	1	0	0	0
PERLA SALAS BOARD MEMBER	1	0	0	0

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

Form containing questions 33 through 45b with Yes/No columns and input fields. Includes questions about significant activities, changes to documents, business income, political expenditures, loans, and tax shelter transactions.

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) compensation

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 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 Yuri Cunza, PRESIDENT/CEO		Date 11/13/2024		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if <input type="checkbox"/> 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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization
NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE

Employer identification number
62-1811876

Organization type (check one):

- | Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c) (6) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990EZ** (2023)

Name of the organization
NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE

Employer identification number
62-1811876

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
1	N/A ----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A ----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A ----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A ----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A ----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A ----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
7	N/A ----- ----- -----	\$ 20,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A ----- ----- -----	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A ----- ----- -----	\$ 5,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A ----- ----- -----	\$ 5,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of the organization NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE	Employer identification number 62-1811876
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Programming Support Services	\$10,000	09/15/2023
8	Programming Support Services and Education	\$5,000	09/15/2023
9	Art	\$5,000	09/15/2023
10	Facilities use and meeting supplies and support	\$5,000	09/15/2023
		\$	
		\$	

Name of the organization
NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE

Employer identification number
62-1811876

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE O
(Form 990)

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 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the Organization

NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE

Employer identification number

62-1811876

Part and Line Number: Part I - Line 16

Description	Amount
Banking Charges & Fees	\$932
Dues & Subscriptions	\$599
Insurance	\$453
Quickbooks Bookkeeping Fees	\$2,045
Office Phone Service	\$613
Office Supplies	\$2,283
PayPal Fees	\$247
Travel Expenses	\$6,948
Reimbursements	\$100
Event Expenses	\$6,184
Employment Taxes	\$5,553
Direct Expenses Associate with In-Kind Contributions	\$77,500

Part and Line Number: Part II - Line 26

Description	BOY Amount	EOY Amount
EIDL LOAN	\$80,000	\$80,000

Part and Line Number: Part III - Line 28

Latinas4EBO (Latina Entrepreneurs for Equal Business Opportunities): Engagement group of "Emprendedoras", to empower Latina women entrepreneurs, facilitate their access to relief funding, business resources, and to public and private procurement opportunities, including Metro's Equal Business Opportunities Program, a race, and gender-conscious policy that increases government-contracting opportunities for minority and women-owned businesses.

Part and Line Number: Part III - Line 29

HEALTH UP NASHVILLE / ¡CUIDÉMONOS! - A Health Care Prevention Initiative: Education and outreach for Hispanic small businesses, their employees, and families in Nashville. Our efforts address common barriers such as lack of trust in organizations or individuals promoting health services, a need for culturally and linguistically appropriate information, and inconvenient locations or timing of health services. Information about mobile health care units are shared by our organization online and via social media to provide preventive care and health education to Hispanic business member throughout the city, in partnership with the Tennessee Community Engaged Alliance (TN CEAL) and Meharry Medical College.

Part and Line Number: Part III - Line 30

NSBOF- Nashville Small Business Opportunity Fund outreach and marketing program: Continuation of the Nashville Small Business Recovery Fund Metro program provides targeted marketing and outreach to support small businesses in Nashville and Davidson County. This initiative includes reaching at least 200 businesses, hosting four events in distressed areas, and conducting four community engagement events for Hispanic small businesses. Through these efforts, NAHCC aims to enhance access to recovery resources and strengthen the local business community.

Part and Line Number: Part III - Line 31

Description	Grants	Expenses
<p>NAHCC Small Business & Consumer Affairs Hotline: Dedicated Spanish-English phone line established by our NAHCC to provide assistance, support, and resources for small businesses and consumers within the Nashville Hispanic community. This hotline serves as a central point of contact for individuals seeking guidance, information, or resolution to issues related to small business operations or consumer concerns. The NAHCC hotline provides guidance on various topics such as business registration, licensing, permits, financing options, marketing strategies, and compliance with local regulations. For small businesses, the hotline may offer assistance in navigating government programs, accessing business development resources, and connecting with relevant networking opportunities. They may also provide guidance on business planning, growth strategies, and accessing capital. On the consumer side, the NAHCC hotline can address inquiries, complaints, or disputes related to products, services, or business transactions, providing guidance on consumer rights, mediation services, and referrals to appropriate regulatory agencies or legal resources. The goal of the NAHCC small business and consumer affairs hotline is to support the growth and success of Hispanic-owned businesses while ensuring that consumers within the community have access to reliable information, fair treatment, and avenues for resolving any issues they may encounter.</p>	\$0	\$0
<p>2023 HISPANIC HERITAGE MONTH Program & BUSINESS AND COMMUNITY EXCELLENCE AWARDS: Recognizing the business, professional, civic, artistic & cultural contributions of Hispanics both nationally and locally. Month-long conference calendar takes place from September 15 through October 15, 2023.</p>	\$0	\$0
<p>NAHCC's Annual Membership Meeting: The NAHCC Annual Membership Meeting is a key gathering where members come together to review the chamber's accomplishments, discuss upcoming initiatives, and engage in strategic planning for the year ahead. This event provides an opportunity for members to connect, network, and contribute ideas that drive the mission of promoting Hispanic business growth and community impact. Leadership updates, member recognitions, and collaborative discussions make this meeting an essential forum for advancing shared goals and celebrating the chamber's ongoing efforts and successes.</p>	\$0	\$0
<p>Small Business Week Recognition: During Small Business Week, the NAHCC highlighted Hispanic and minority-owned businesses through an engaging social media awareness campaign. This included video reels and spotlight posts showcasing the resilience, creativity, and community impact of these businesses. The campaign celebrated their contributions, shared their stories, and reinforced the importance of supporting diverse entrepreneurs in Nashville.</p>	\$0	\$0

Part and Line Number: Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours	(c) Reportable compensation	(d) Deferred compensation	(e) Other compensation
MARISA MUNOZ BOARD MEMBER	1	0	0	0