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 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.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning January 01 **, 2021, and ending** December 31 **, 20** 21

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

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
41 PEABODY STREET, Number 222

City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE, TN 37210

D Employer identification number
62-1811876

E Telephone number
615-216-5737

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).

I Website: ► www.nashvillehispanicchamber.com

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (6) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ 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 . . . . . ► $ 199,490

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	57,500
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	141,990
	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 $ 0 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	0		
	c	Less: direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	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	199,490
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	75,501
	14	Occupancy, rent, utilities, and maintenance			14	4,814
	15	Printing, publications, postage, and shipping			15	0
	16	Other expenses (describe in Schedule O)			16	92,224
	17	**Total expenses.** Add lines 10 through 16			17	172,539
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	26,951
	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	5,462
	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	32,413

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	88,762	22	115,713
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	88,762	25	115,713
26	**Total liabilities** (describe in Schedule O)	83,300	26	83,300
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	5,462	27	32,413

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 $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	See Schedule O (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	See Schedule O (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (describe in Schedule O) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	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	40.00	72,576	0	0
DR. ROLANDO TOYOS CHAIR	10.00	0	0	0
CLAUDIA ZAUZUA 2ND VICE CHAIR	2.00	0	0	0
JOYCE SEARCY TREASURER/SECRETARY	10.00	0	0	0
MANUEL CUEVAS BOARD MEMBER	1.00	0	0	0
ANEL FLORES BOARD MEMBER	1.00	0	0	0
JUAN LOMBERA BOARD MEMBER	1.00	0	0	0
MARIE SUEING BOARD MEMBER	1.00	0	0	0
ZULEMA QUINONES VEGA BOARD MEMBER	1.00	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 . ☐

			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	☐	☑
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	☐	☑
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	☐	☑
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	☐	☑
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	☐	☑
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	☐	☑
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	☐	☑
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0			
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), 501(c)(4), and 501(c)(29) 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	☐	☑
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	☐	☑
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Nashville Area Hispanic Chamber of Commerce Telephone no. ▶ (615) 216-5737 Located at ▶ 41 PEABODY STREET, STE 222, NASHVILLE, TN USA ZIP + 4 ▶ 37210			
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	☐	☑
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	☐	☑
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 0			
			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	☐	☑
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	☐	☑
c	Did the organization receive any payments for indoor tanning services during the year?	44c	☐	☑
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	☐	☑
b	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	☐	☑

		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	☐	☑

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	☐	☐
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☐	☐
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	☐	☐
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	(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 — Date

▶ Yuri Cunza PRESIDENT/CEO
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**

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

2021

Name of the organization	**Employer identification number**
NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE	62-1811876

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(6) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

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

General Rule

☑ 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 . . . . . ► $ 0

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).

Name of 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	(d) Type of contribution
1	N/A N/A N/A	$ 5,950	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	N/A N/A N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	N/A N/A N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
4	N/A N/A N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
5	N/A N/A N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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.**

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Name of the organization
NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE

Employer identification number
62-1811876

#1: FormAndLineReferenceDesc: Part I, line 16

DIRECT IN-KIND EXPENSES ASSOCIATED WITH IN-KIND CONTRIBUTIONS

$57,500

ADVERTISING & MARKETING

$702

BANK FEES

$498

DUES & SUBSCRIPTIONS

$6,111

INTERN STIPEND/REIMBURSE

$6,265

Name of the organization
NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE

Employer identification number
62-1811876

#1: FormAndLineReferenceDesc: Part I, line 16

LEGAL & PROFESSIONAL	$813
PHONE	$708
OFFICE SUPPLIES & SOFTWARE	$4,599
BUSINESS EXPENES	$4,681
PAYPAL FEES	$384

Name of the organization	Employer identification number
NASHVILLE AREA HISPANIC CHAMBER OF COMMERCE	62-1811876

#1: FormAndLineReferenceDesc: Part I, line 16

REIMBURSABLE EXPENSES	$6,173
TAXES & LICENSES	$82
TRAVEL	$3,683
WEBSITE	$25

SCHEDULE O (Form 990)

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Employer identification number
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#1: FormAndLineReferenceDesc: Part II, line 26

	BOY Amount :	**EOY Amount :**
EIDL LOAN	$83,300	$83,300

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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FormAndLineReferenceDesc: Part III, Line 28

Overcoming COVID-19 Impact on Latino Businesses: As of December 2021, we completed over 100 weekly industry related webinars, online business tools, surveys, financial literacy, access to capital and credit building, business planning, toolkit relief resources to help reopen and stay in business carefully following guidelines for the new context.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ **Attach to Form 990 or Form 990-EZ.**

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FormAndLineReferenceDesc: Part III, Line 29

Latinas4EBO (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.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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FormAndLineReferenceDesc: Part III, Line 30

Partnership with United States Hispanic Chamber of Commerce USHCC: Covid-19 brought liquidity and access to capital challenges to small, Hispanic and minority owned businesses. Our Nashville Area Hispanic Chamber of Commerce (NAHCC) COVID-19 Technical Assistance Program, part of the USHCC Cares national TACs initiative, provides small businesses with free solutions around productivity, information on access to funding and grants, webinars and features by subject matter experts, comprehensive resources and guidance in English and Spanish, to enable small and minority business owners to adapt their models to the new normal, and thrive.

Name of the organization
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FormAndLineReferenceDesc: Part III, Line 31

Grants Amount

Expenses Amount

SBA RELIEF FUNDING/TECHNICAL ASSISTANCE: To better assist small business owners apply for SBA funding we offer webinars on the Economic Injury Disaster Loan, PPP, COVID 19 Business Finance Resources, Disaster Recovery, Cash Flow Analysis.

2021 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, 2021.

NAHCC's 18th Annual Hispanic Heritage Month Celebration features (9/15-10/15):
1. Hispanic Business Leaders Diversity, Equity and Inclusion round table (hybrid)
2. Minority Business Economic Impact by the Numbers virtual town-hall.
3. Changing U.S. Workforce, The Growing Hispanic Demographic and Workplace Diversity, Inclusion, Equity Panel: Creating A Truly Inclusive Work Environment
4. Local Hispanic Business Economic Survey: Economic Impact, Needs and Challenges
5. Student/Entrepreneur Mentorship Program. (in partnership with Nashville Academies)
6. Civic Leadership: The Role of New Americans – Featured Guest Panel Presentation.
7. Hispanic Entrepreneur Professional Development: USHCC National Convention
8. Hispanic Heritage Month Annual Business and Community Excellence Awards (hybrid)