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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Openito Public

	Α	For the 2009 ca	lendar	year, or tax year beginning	<u>, 2009, an</u>	<u>d endin</u>	g			1
	В	Check if applicable:		C Name of organization				D Emp	loyeri	identification number
		Address change	Please use IRS	Austin Latino/a Lesbian and Gay	Organia	zatio	n. Inc.	74	-24	95181
		Name change	label or	Number and street (or P.O. box, if mail is not delivered to street		Room/su		E Tele		
		Initial return	print or type. See	,	•					
		Termination	See Specific	701 Tillery Street Box 4		<u> </u>		(5	12)	472-2001
	Щ	Amended return	Instruc- tions.	City or town, state or country, and ZIP + 4				F Gro	uo E	xemption
		Application pending	1001125	Austin	TX	7870	2	Nun	nber	<u>,,,`,,,,,</u> , ▶
		• Section !	501(c)(3) organizations and 4947(a)(1) nonexempt charitable	trusts	G	Accounting	method	: Г	Cash X Accrual
		<i></i>	iust átta	ach a completed Schedule À (Form 990 or 990-EZ).			Other (speci	ify) ►		
						н	Check ►] if th	e or	ganization is not
	I	Website: ► w					required to	attach S	Sche	dule B (Form 990,
	J	Tax-exempt status	(check or	nly one) $ \times$ 501(c) (3) \triangleleft (insert no.) 4947(a)	(1) or 52	27	990-EZ, or	990-PF)	١.	
	K	Check ► if	the orga	anization is not a section 509(a)(3) supporting organiz	ation and it	ts gross	receipts are	norma	lly n	ot more than
		\$25,000. A Form	n 990-E	Z or Form 990 return is not required, but if the organic	zation choo	ses to f	ile a return, l	be sure	to fi	le a complete return.
	L	Add lines 5b. 6b	b. and 7	b, to line 9 to determine gross receipts; if \$500,000 o	r more, file	Form 9	90	-		
		instead of Form	1990-EZ	, 			<u></u> ,		<u>► \$</u>	127,379.
	Pa	itti激集 Reve	enue, l	Expenses, and Changes in Net Assets or I	Fund Bala	ances	(See the	<u>instru</u>	ctior	ns for Part I.)
		1 Contributi	ons, gif	ts, grants, and similar amounts received				L	1	106,628.
9		2 Program s	service	revenue including government fees and contracts				[2	5,934.
2010		3-Membersk	aip dues	and assessments				[3	
		4 Investmen	(GEO!	₩ED					4	125.
S		5a Gross-am	ount-fre	m-sale of asset s other than inventory	5	a		E		
0		boLess: cost	t or othe	er basis and sales expenses	5	ь				
\mathcal{C}	R	Gain of Vioss	from	le diassets other than inventory (Subtract line 5b from line 5a)					5c	
DEC	XE>#20#	6 Special even	its and ac	tivities (complete applicable parts of Schedule G). If any amount is	from gaming.	check he	re ►		1	
	E	a Gross ray	enie (n	ot including \$ of contribution	is			_		
	Ü	renorm	DEN	ot including \$ of contribution		اء	14,6	72		
Ш	-	b Less: dire	ot avna	nses other than fundraising expenses				89.		
SCANNED				rom special events and activities (Subtract line 6b from line 6a)					6c	9,783.
F				ventory, less returns and allowances			• • • • • • • • • • • • • • • • • • • •			3,103.
\circ		/a Gross said	es or in	ds sold	····· /	<u>a</u>				
Ś										
		· ·	-	ss) from sales of inventory (Subtract line 7b from line					7 c	
									8	20.
				dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	122,490.
				r amounts paid (attach schedule)				_	10	
	E			r for members				· · · · · —	11	
	EXPE			mpensation, and employee benefits					12	96,316.
	Ē			and other payments to independent contractors					13	11,443.
	N S	14 Occupancy	y, rent,	utilities, and maintenance				<u>L</u>	14	8,977.
	E I	15 Printing, p	oublicati	ons, postage, and shipping				<u>L</u>	15	
		16 Other expens	ses (descr	be ► See Other Expenses Statement) <u>L</u>	16	17,057.
		17 Total expe	enses. A	Add lines 10 through 16				. ▶	17	133,793.
		18 Excess or	(deficit)) for the year (Subtract line 17 from line 9)				. -	18	-11,303.
	Ą		•	d balances at beginning of year (from line 27, column				75		
	N S E E E			prior year's return)					19	6,630.
	ŦĘ			net assets or fund balances (attach explanation)			.Stmt		20	-889.
	S	21 Net assets	s or fund	balances at end of year. Combine lines 18 through 2	20			▶	21	-5,562.
	Pa			neets. If Total assets on line 25, column (B) are \$1,2					of F	
	P-1	teniana para.		(See the instructions for Part II.)) Beginning			(B) End of year
	22	Cash savings	and in	vestments				367.		2,736.
	23			•••••••••••••••••••••••••••••••••••••••				460.		1,460.
	24			e ►)				0.	24	0.
	25	Total accete		······		· '	15	827.	_	4,196.
	26			ibe► See L-26 Stmt)				197.		9,758.
	27			lances (line 27 of column (B) must agree with line 21				630.	_	-5,562.
	_			Paperwork Reduction Act Notice, see the separate in				,		Form 990-EZ (2009)
		a ror rilvacy A	u allu f	apel Holk Neuscaon Act Houce, see the separate III	-uu-uvuvii3.			•		

TEEA0812 01/30/10

Partill Statement of Program Se	rvice Accomplishment	s (See the instruction	ons.)	O	Expenses
What is the organization's primary exempt purpose? Se	e Statement A			5016	uired for section (3) and (4) (3) and section (a)(1) trusts; optional thers.)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo	oses. In a clear and con-	cise manner,	orgar	nizations and section
program title.	persons benefited, or other re	sievant information for e	acii	for of	ners.)
28 Community Organizing-Net	work of organizati	ons and indivi			
accross the state of Tex					
of color around multi-is					
	nis amount includes foreign gr		·	28 a	60,000.
				204	00,000.
29 Cultural Arts Program supr					
and established artists.					
the year. Program serves					
(Grants \$ 0.) If the	is amount includes foreign gr	ants, check here	▶ []	29 a	33,671.
30 Community Building-Build	ing community amon	g groups			
marginalized by race/eth:	nicity, gender/gen	der identity,			
sexual_orientation/sexual					
	is amount includes foreign gr	ants, check here		30 a	18,715.
31 Other program services (attach schedule)				20/1201
	is amount includes foreign gr	ants, check here	►□	31 a	
32 Total program service expenses (add lin				32	112,386.
Rartiva List of Officers, Directors					
Elst of Officers, Briectors	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans	s and	and other allowances
	to position		deferred compensat	ion	
Priscilla A. Hale					
701 Tillery St. Box 4	Executive Director				
Austin TX 78702	40.00	35,000.		0.1	
Jose Juan Lara					
701 Tillery St. Box 4	Treasurer			1	
				ا ہ	
Austin, TX 78702	2.00	0.		0.	
Jerry Richards				l	
701 Tillery St. Box 4	Secretary				
Austin, TX 78702	2.00	0.		0.	
Mary Gonzalez					
701 Tillery St. Box 4	Co-Chair			ŀ	
Austin, TX 78702	2.00	0.		0.	
Tim Eubanks					
	Co-Chair				
701 Tillery St. Box 4		•		ا ہ	
Austin TX 78702	2.00	0.		0.	
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		}		- 1	
BAA	TEEA0812 01	1/30/10			Form 990-EZ (2009)

Form 990-EZ (2009) Austin Latino/a Lesbian and Gay Organization, Inc. 74-2495181 Page 2

	' 1990-EZ (2009) Austin Latino/a Lesbian and Gay Organization, Inc		1	Р	age 3
Pa	Other Information (Note the statement requirements in the instrs for Pa	rt V.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a de each activity	tailed description of	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed c	opy of the changes	34	ther product	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but neattach a statement explaining why the organization did not report the income on Form 990-T.	ot reported on Form 990-T,			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to reporting, and proxy tax requirements?		35 a		x
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net year? If 'Yes,' complete applicable parts of Schedule N	assets during the	36	7.8%(5) %	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37: Did the organization file Form 1120-POL for this year?		37 b		X
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emploany such loans made in a prior year and still outstanding at the end of the period covered by this r	yee or were eturn?	38a		X
ı	o If 'Yes,' complete Schedule L, Part il and enter the total amount involved				
39	Section 501(c)(7) organizations, Enter:				
	Initiation fees and capital contributions included on line 9		134		
	Gross receipts, included on line 9, for public use of club facilities				
40:	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year	under:			
	section 4911 ►; section 4912 ►; section 4955 ►				
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 extransaction during the year or is it aware that it engaged in an excess benefit transaction with a disprior year, and that the transaction has not been reported on any of the organization's prior Forms Yes,' complete Schedule L, Part I	squalified person in a 990 or 990-EZ? If	40 b	NA CON	X
	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	-			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	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	• • • • • • • • • • • • • • • • • • • •	40 e		X
41	List the states with which a copy of this return is filed >				
42 8	The organization's books are in care of Priscilla Hale Located at 701 Tillery Street Box 4 Austin	Telephone no. ► <u>(512)</u> TX ZIP + 4 ► <u>78702</u>	<u>472</u>		
t	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account acco		42b	Yes	No X
	If 'Yes,' enter the name of the foreign country: ►				
c	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financia At any time during the calendar year, did the organization maintain an office outside of the U.S.? . If 'Yes,' enter the name of the foreign country:		42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check h and enter the amount of tax-exempt interest received or accrued during the tax year			• []	
				Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instruction of Form 990-EZ		44		<u>x</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512 Form 990 must be completed instead of Form 990-EZ	(b)(13)? If 'Yes,'	45		<u>x</u>
BAA	TEEA0812 01/30/10	For	m 990	-EZ (2	2009)

	90-EZ (2009) Austin Latino/a Le						age 4
Part	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	nexempt charitable	charitable trusts or le trusts must answe	ıly. All se er questio	ction ns	
46 D	id the organization engage in direct or indire	ct political campaign ac	tryities on behalf of or i	n opposition to candidate	s	Yes	No
fo	or public office? If 'Yes,' complete Schedule (C, Part I			46		X
	old the organization engage in lobbying activit						<u>X</u>
	the organization a school as described in se		•				<u>X</u>
	id the organization make any transfers to an 'Yes,' was the related organization a section		_				
	•	_					
50 C	complete this table for the organization's five mployees) who each received more than \$10	nignest compensated er 0,000 of compensation i	nployees (other than of from the organization. I	micers, directors, trustees If there is none, enter 'No	and key ne.'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense nt and owances	
None							
					· v·		
- T	otal number of other employees paid over \$1	00 000	<u> </u>	1			
• '	sal named of outer employees paid over \$1						
51 C	omplete this table for the organization's five I	nighest compensated inc	dependent contractors	who each received more	than \$100,0	000 of	
	ompensation from the organization. If there is	none, enter None.				_	
	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Comp	ensation	<u> </u>
Noue		- 					
							
							
						_	
						-	
							
a To	otal number of other independent contractors	each receiving over \$10	۰ ۱۵۵۵ مال				
	Under penalties of penury, I declare that I have examinue, correct and complete. Declaration of preparer (nined this return, including acco	mpanying schedules and state	ements, and to the best of my kno	wiedge and be	lief, It is	
	true coffect/and complete. Declaration of preparer (other than officer) is based on a	all information of which prepai				
Sian .	Mysill Hal	مع		1 11-9	- 10		
Sign / Here	Signature of officer		1 00	Date			
	1 triscilla 1	ale you	etorofor	rg Dev.			
	Type or print name and title.						
Paid	Preparer's signature		Date 11/09/10		eparer's identif ee instructions)	ying Nun	nber
Pre- parer's	Furm's name (or Montemayor Hill	Company, P.	C.		02112		
Use	employed). > 3001 South Lama		uite 320	EIN 79 2.			
Only	address, and ZIP + 4 Austin		TX 78704	Phone no. ► (512	<u>' </u>	0380	
May the	IRS discuss this return with the prepared sho	wmahove? See instruct	tions		►X Yes	Γ	No
BAA	INO discuss this retain with the prepared six	Marabove: Oce manac	<u> </u>		►X Yes Form 990		

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

				y Organization,						495181			
	****			is (All organizations					See r	nstruct	ions		
		•		se it is: (For lines 1 throu	_								
1	_	•		ociation of churches desc		section	170(b)(1)(A)(I).					
2	_			A)(ii). (Attach Schedule E									
3	_	•		e organization described i					L. S. C. C. S. S. C. C. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	## F_1-			
4	_	name, city, and sta	• ,	d in conjunction with a ho	spital di	escribea	ın secu	on ivu(од (да)	(III). Ente	er trie nosp	itai's	
5	П		erated for the benefit	of a college or university	owned o	r operat	ed by a	governr	nental u	nit descr	ibed in sec	tion	
6		A federal, state, or	local government or g	governmental unit describ						h			
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	=	•		70(b)(1)(A)(vi). (Complete		-							
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													
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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						d 🗌	Type III-		
e													
f	-	check this box	. '		• • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • •	• • • • • • •		anization,		. 🗆
g		Since August 17, 2	005, has the organiza	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?			
									- 63	465		Yes	No
	•	(i) a person who below, the go	o airectly or inairectly overning body of the su	controls, either alone or to upported organization?	ogetner v	with pers	ons aes	ea I	n (II) an	a (III)	. 11 g (i)		
				ribed in (i) above?									
				described in (i) or (ii) ab									
h				ne supported organization									
_	n	Name of Supported Organization	(B) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	is the tion in col. in your eming ment?	(v) Did y the organ col. your su	ization in (i) of	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amour	nt of Supp	port
					Yes	No	Yes	No	Yes	No	•		
			-			-,,,							
					 						-		
	_												
				ALICE MICROSCOPIC STANDARD	be many *	n ware	***************************************	TR 845-51-61-	Name of the last				
otal													
			The world was mark in the best to the fight of	The same of the sa	A PARTY SERVICE AND ADDRESS OF TAXABLE PARTY				-10-1	- Particular T			

Schedule A (Form 990 or 990-EZ) 2009 Austin Latino/a Lesbian and Gay Organization, Inc. 74-2495181 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	l.)					
Se	ction A. Public Support				·				
Cal beg	endar year (or fiscal year inning∙in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)	423,251.	218,239.	280,693.	170,344.	106,628.	1,199,155.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		ŕ						
4	Total. Add lines 1-through 3	423,251.	218,239.	280,693.	170,344.	106,628.	1,199,155.		
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)						11,447.		
	Public support. Subtract line 5 from line 4						1,187,708.		
Se	ction B. Total Support					1			
Cale beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	423,251.	218,239.	280,693.	170,344.	106,628.	1,199,155.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			153.	660.	125.	938.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		٧						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,995.	711.	1,458.	536.	20.	13,720.		
11	Total support. Add lines 7 through 10						1,213,813.		
12	Gross receipts from related activi	ties, etc. (see ınst	tructions)				41,894.		
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ □		
Sec	ction C. Computation of Pul	<u>blic Support P</u>	ercentage						
14	Public support percentage for 200	09 (line 6, column	(f) divided by line	11, column (f)		14	97.85%		
15	Public support percentage from 2	008 Schedule A, I	Part II, line 14	• • • • • • • • • • • • • • • • • • • •		15	86.77%		
16	16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
	b 33-1/3 support test 2008. If the organization did not check 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.								
17	a 10%-facts-and-circumstances te or more, and if the organization n the organization meets the 'facts-	neets the 'facts-ar	id-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	how		
	b 10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar -circumstances' t	nd-circumstances' est. The organiza	test, check this bi ition qualifies as a	ox and stop here. a publicly supporte	Explain in Part IV ed organization	'how the ►		
<u>18</u> BA/	Private foundation. If the organiz	ation did not chec	k a box on line, 1.	s, 16a, 160, 1/a,			uctions 90 or 990-EZ) 2009		

	(Complete only if you che	cked the box on li	ne 9 of Part I.)						
Sec	tion A. Public Support								
	ndar year (or fiscal yr beginning In)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(2) 2000	(5) 2000	(6) 2507	(4) 2000	(6) 2003	() Total		
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5]					
7a	Amounts included on lines 1, 2, 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b						 		
8	Public support (Subtract line						<u>a</u>		
	7c from line 6.)								
	tion B. Total Support	STATE OF THE PARTY AND THE	THINK SATEMENT OF STATEMENT	Secretary and the second	AND UNITED SHARE STORES	Aluen de Septembra Maria de Caracterio de Periodo			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(A Total		
	Amounts from line 6	(a) 2005	(0) 2000	(6) 2007	(u) 2008	(e) 2009	(f) Total		
_	Gross income from interest,						 -		
	dividends, payments received on securities loans, rents, royalties and income form similar sources								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
11	Add lines 10a and 10b		·						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (add hs 9, 10c, 11, and 12.)						2		
	First five years. If the Form 990 is organization, check this box and s			l, third, fourth, or	fifth tax year as a	section 501(c)(3)		
Sect	ion C. Computation of Pub	olic Support P	ercentage						
15	Public support percentage for 200	9 (line 8, column	(f) divided by line	13, column (f)) .		15	%		
	16 Public support percentage from 2008 Schedule A, Part III, line 15								
	Investment income percentage for				n (f))	17	%		
	Investment income percentage from			-			- <u>%</u>		
19a	33-1/3 support tests — 2009. If the more than 33-1/3%, check this bo	e organization did	I not check the box	x on line 14, and	line 15 is more th	nan 33-1/3%, and	l line 17 is not		
	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check t								
	Private foundation, If the organiza								

Schedule	A (Form 990 or 99	90-EZ) 2009	Austin Lat	ino/a Lesbi	an and Gay	Organizat:	ion, Inc.	74-2495181	Page 4
Part IV	Supplement	al informat	ion. Comple	te this part	to provide	the explan	ations req	uired by Part II mation. See in	. line 10:
Other_	Income Part	t <u>II, Lin</u>	<u>10</u>	. .				,	
Descri	ption: Misc	cellaneou	<u>ıs </u>				. -		·
2005:_	10995								
2006:_	711			· ·					
2007:_	1458			- -					
2008:_	536			·					
2009:_	20	-							
	- 						 -		
				·					
			-						
									
							- 		,
						-			
	- 						- -		
									-
		-							
- -					 -				

Name as Shown on Return Austin Latino/a Lesbian and Gay Organization, In	c	Employer Identification No. 74-2495181		
Line 24 - Other Assets:	Beginnin of Year	=		
Tatala to Form 000 FT Point II line 24				
Totals to Form 990-EZ, Part II, line 24 Line 26 - Total Liabilities:	Beginnin of Year	- 1		
A/P		1,648.		
Accrued vacation Payroll Taxes payable		1,904.		
Totals to Form 990-EZ, Part II, line 26		9,758.		

TEEW1801 SCR 02/11/10

Additional Information

Statement A

Form 990, page 3, Part III - Primary exempt purpose

Austin Latino/a Lesbian and Gay Organization, Inc.'s primary purpose is to strengthen, build and organize lesbian, gay, bixesual and transexual people of color communities through health programs, skill building, empowerment, advocacy and cultural arts programs.

Austın Latıno/a Lesbian and Gay Organization, Inc.	74-2495181	
Form 990-EZ, Part I, Line 16 Other Expenses Statement		
Other expenses (describe) Operating expenses Fiscal sponsorship Other program expenses Other miscellaneous expenses	6,914. 5,603. 3,068. 1,472.	
Total	17,057.	
Form 990-EZ, Page 1, Part I, Line 20 Other Changes in Net Assets or Fund Balances		
Description		Amount
Adjustment made after submission of th	e 2008 Form 990-EZ	-889.

Total

-889.

Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

HIGHINI MEASIN	an ocition							
• If you ar	re filing for an Automatic 3-Mont	h Extension, com	plete only Part I and	check this box				► X
	re filing for an Additional (Not Ai							_
Do not com	<i>nplete Part II unless</i> you have alre	eady been granted	an automatic 3-mor	nth extension on a	previously fi	led Form 88	68.	
Partil	Automatic 3-Month Exter	sion of Time.	Only submit ong	ginal (no copie	s needed)	•		
A corporation	on required to file Form 990-T an	d requesting an au	itomatic 6-month ext	ension – check ti	ns box and c	omplete Par	t I only	. ► 🔲
All other col	rporations (including 1120-C filer returns.	s), partnerships, F	REMICS, and trusts n	nust use Form 70	04 to request	an extensio	n of time to file	9
the additional Form 990-T.	Filing (e-file). Generally, you can ad below (6 months for a corporal al (not automatic) 3-month exten . Instead, you must submit the fu sit www.urs.gov/efile and click on	sion or (2) you file Ilv completed and	Forms 990-BL, 6069 signed page 2 (Part	nt a 3-month auto er, you cannot fi 9, or 8870, group II) of Form 8868.	matic extens le Form 8868 returns, or a For more de	ion of time to delectronical composite of tails on the o	o file one of the lly if (1) you wa or consolidated electronic filing	e ant of
	Name of Exempt Organization					Employer id	entification numbe	r
Type or	}					1		
print	Austin Latino/a Les	bian and G	ay Organizati	ion, Inc.		74-249	5181	
File by the due date for	Number, street, and room or suite numb	er. If a P.O. box, see ins	structions.					
filing your return. See	701 Tillery Street	Box 4						
instructions.	City, town or post office, state, and ZIP of	code. For a foreign addre	ess, see instructions.			-		
	Austin				·	TX	78702	
Check type	of return to be filed (file a separa	ate application for	each return):	,				
Form 99	0	Form 990-T (c	orporation)		Form 47	'20		
Form 99	0-BL	Form 990-T (s	ection 401(a) or 408	(a) trust)	Form 52	27		
X Form 990	0-EZ	Form 990-T (t	rust other than above	e)	Form 60	169		
Form 990	0-PF	Form 1041-A			Form 88	70		
If the orgIf this is f check this	te No. (512) 472-2001 anization does not have an office for a Group Return, enter the orgs box. In the it is for part of sion will cover.	e or place of busin anization's four di	ess in the United Sta git Group Exemption	ates, check this b Number (GEN)	xo ا ا	f this is for t	he whole group	_
	st an automatic 3-month (6 mont	hs for a corporation	n required to file Fo	rm 990-T) extens	ion of time			
until A	Aug 16, 20_10_, to file ension is for the organization's re	the exempt organ	•					
_	-	eturii ior.						
	calendar year 20 09 or tax year beginning	20	and andina	20				
							•	
2 If this ta	ax year is for less than 12 month	s, check reason:	Initial return	Final retu	ırn 🔲 (Change in a	counting perio	od
3a If this ap	pplication is for Form 990-BL, 99 ndable credits. See instructions	0-PF, 990-T, 4720), or 6069, enter the	tentative tax, les	s any	. 3a\$		0.
b If this apmade. In	pplication is for Form 990-PF or nclude any prior year overpayme	990-T, enter any r ent allowed as a cr	efundable credits an edit	d estimated tax p	ayments	3b\$		0.
deposit '	Due. Subtract line 3b from line with FTD coupon or, if required, tructions	by using EFTPS (I	Electronic Federal Ta	ax Payment Syste	em).	3c \$		0.
aution. If you ayment instr	u are going to make an electroniuctions.	c fund withdrawal	with this Form 8868	, see Form 8453-	EO and Form	8879-EO fo	or	
BAA For Priv	acy Act and Paperwork Reducti	on Act Notice, see	instructions.			Form	8868 (Rev. 4-	2009)

	(Rev 4-2009) Austin Latino/a Lesbian and Gay O							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box								
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
	are filing for an Automatic 3-Month Extension, complete only Part I (o							
Part II	Additional (Not Automatic) 3-Month Extension of Time							
	Name of Exempl Organization	Em	ployer identification number					
Type or			0.405.10.1					
print	Austin Latino/a Lesbian and Gay Organization,		<u>-2495181</u>					
File by the	Number, street, and room or suite number If a P.O. box, see instructions.	ror in the second	IRS use only					
extended due date for			A SECULIAR STATES					
filing the return. See	701 Tillery Street Box 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	Austin TX 78702	で表して、こと、で、で、	为一个的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个					
	of return to be filed (File a separate application for each return):							
Form 9		Form 1041-A	Form 6069					
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720						
X Form 9		Form 5227						
	ot complete Part II if you were not already granted an automatic 3-m	onth extension on a previously	filed Form 8868.					
	oks are in care of Priscilla_Hale							
	ne No. ► (512) 472-2001 FAX No. ► (512		_					
	ganization does not have an office or place of business in the United S							
If this is	for a Group Return, enter the organization's four digit Group Exemption	on Number (GEN)	If this is for the					
whole group	$_{0}$, check this box \dots > \square . If it is for part of the group, check this box	k 🟲 💹 and attach a list with th	e names and EINs of all					
	e extension is for.	·						
4 I requ	est an additional 3-month extension of time until Nov 15	, 20 <u>10</u> .						
	ilendar year 2009, or other tax year beginning	_ , 20 , and ending	, 20					
6 If this	tax year is for less than 12 months, check reason:	ı Final return	Change in accounting period					
7 State	in detail why you need the extension All information no	cessary to file a						
com	olete and accurate return is not yet availa	ble; therefore,						
add:	tional time to file is hereby respectfully	requested.						
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter th	e tentative tax, less any						
nonref	undable credits. See instructions							
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refund	able credits and estimated tax	海海					
navme	nts made. Include any prior year overpayment allowed as a credit and orm 8868	any amount paid previously						
			. 8b\$ 0.					
c Baland	te Due, Subtract line 8b from line 8a. Include your payment with this for D coulon or, if required, by using EFTPS (Electronic Federal Tax Pay	rm, or, it requirea, aeposit ment System). See instrs	. 8c\$ 0.					
- MILLI	Signature and Verifi	cation	<u> </u>					
Under penallies	of penus. I declare that wave examined this form scheduling accompanying schedules and spiele, and trail amount of ized and spiele.	talements, and to the best of my knowled	ige and belief, it is true,					
correct, and con	plete, and that if amouth drized to prepare this form		0 11 10					
Signature >			Date - 8-11-10					
	X 1111 V /// /							
BAA	FIFZ0502 03/11/09		Form 8868 (Rev 4-2009)					
m-1717								
	\ / /							
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