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990-E7

## Short Form **Return of Organization Exempt From Income Tax**

OMB No 1545-1150 2009

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 est than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection

artment of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements emal Revenue Service A For the 2009 calendar year, or tax year beginning 2009, and ending Dec 31 . 20 Jan 1 B Check if applicable C Name of organization D Employer identification number ıse IRS Address change Ladies of Charity of Austin 74 2800949 Name chance Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or initial return type 512-267-5576 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return instruc-Austin, Texas 78766 Application pending Number ▶ • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: ✓ Cash ☐ Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► ✓ If the organization is **not** I Website: ▶ required to attach Schedule B (Form 990. 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 47.871.57 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . . 43,508.12 2 Program service revenue including government fees and contracts 2 3 435 3 4 Investment income 522.13 4 Gross amount from sale of assets other than in the same of assets other than the same of t 5a 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtrest line 5b from line 5a) . . . . . Special events and activities (complete applicable parts of Schedule Complete applica 5c Revenue Gross revenue (not including \$ of contributions reported on line 1) . . . . 3,406.32 6a b Less: direct expenses other than fundraisingle penses 6b 666.69 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 2739.63 6c 7a Gross sales of inventory, less returns and allowances . . . . 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 47.204.88 9 10 62,083.40 11 Benefits paid to or for members . . . . . . . . 779.88 11 12 Salaries, other compensation, and employee benefits . . . 12 0 13 Professional fees and other payments to independent contractors 0 13 14 Occupancy, rent, utilities, and maintenance . . . . . . . 14 0 15 Printing, publications, postage, and shipping . . . . . . 1,090.51 15 16 Other expenses (describe > 16 2348.4 17 Total expenses. Add lines 10 through 16 66,302.19 17 18 -19,097.31 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 74753.18 Net 20 Other changes in net assets or fund balances (attach explanation) . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 55.655.87 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 22 Cash, savings, and investments . . . . . . 74753.18 22 55,655.87 23 Land and buildings . . . . . . 23 24 Other assets (describe ▶ 24 25 Total assets . . . . . . 74753.18 25 55,655.87 26 Total liabilities (describe ▶ 26

Net assets or fund balances (line 27 of column (B) must agree with line 21)

74753.18 27

55,655.87

						, ago =
Par	•					Expenses
What	t is the organization's primary exempt purpose?	Our organization provides c	haritable assistanc	е.		ured for section
	ribe what was achieved in carrying out the org					)(3) and 501(c)(4) uzations and section
	ner, describe the services provided, the number of	of persons benefited, and c	other relevant info	rmation for		(a)(1) trusts, optional
	program title.				for ot	hers)
28	Provide for the spiritual and corporal welfare of the	poor and needy; serve the sid	k and lonely			
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	47,204.88
29						
					i	
		includes foreign grants, che			29a	
30						
		includes foreign grants, che			30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here		31a	
32	Total program service expenses (add lines 28a	through 31a)		▶	32	
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense
	(a) Name and address	devoted to position	enter -0)	employee benefit deferred compe		account and other allowances
Mon	ique Moya	Descident 45hm/supels				
2150	2 Sidewinder Cove, Lago Vista, TX 78645	President, 15hrs/week	0		0	o
Con	nie Alvarado	Vice President Abrehands				
806 1	Maryland drive Austin, TX 78758	Vice-President, 4hrs/week	0		0	0
Flora	a Saenz	Samuel Observation				
4603	Beaver Creek Drive Austin, TX 78759	Secretary, 2 hrs/wk	0		0	0
Mich	ele Guadagnoli	T				
6280	McNeil Drive #509 Austin, TX 78729	Treasurer, 15 hrs/week	0		0	o
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Part	Other information (Note the statement requirements in the instructions for Part V.)			
_			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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. ▶ 37a0			
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 <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	ł		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<u> </u>	ļ	ļ
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			! !
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T = .
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1	✓
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<del> </del>	1
·	If "Yes," enter the name of the foreign country:	420	<u> </u>	, <b>v</b>
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		•	- ⊔
			Vec	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ-	1.63	1.40
	Form 990-EZ	44	†	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<del></del>	†	<del>  •</del>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1	1

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 4 and complete the tables for lines 50	d section 4947(a)(1) none 947(a)(1) nonexempt char and 51.	xempt charitat table trusts mus	ole trusts only. A st answer question	ll sec ons 46	tion -49I	0
	Did the organization engage in direct or indire					Yes	No
	candidates for public office? If "Yes," complet	·		· · · · ·	46		<b>√</b>
	Did the organization engage in lobbying activit	•	•		47		<b>√</b>
	Is the organization a school as described in sec		•		48		<b>V</b>
	Did the organization make any transfers to an	•	-		49a		<b>/</b>
	If "Yes," was the related organization a section Complete this table for the organization's five				49b	e an	d key
	employees) who each received more than \$10						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense		nse and
None							
				-	<u> </u>		
None	(a) Name and address of each independent contrac	tor paid more than \$100,000	(b) Ty	pe of service	(c) Cor	npens	ation
				:			
d	Total number of other independent contractor	s each receiving over \$100,0	00 ▶				
	Under penalties of perjury, I declare that I have exam	nined this return, including accompar	nying schedules and st	atements, and to the bes	at of my	knowl	ledge
Sign Here	and belief, it is true, correct, and complete Declarate  Moygue Moya  Signature of officer  Type or print name and title	President	pased on all information	n of which preparer has  May 1/	any kno	O/C	) 
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	 e instruc	tions)
Use On	I FIRM S DAME FOR L		E	N Þ			
	address, and ZIP + 4		P	hone no ▶			
iviay the	e IRS discuss this return with the preparer sho	wn above? See instructions	<u> </u>	▶ <u>[</u>	Yes rm 990		<b>No</b> (2009)

## 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 Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization 74 2800949 **Ladies of Charity of Austin** 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). 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a 🗌 Type I **b** Type II c ☐ Type III-Functionally integrated d Type III-Other e 

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . |11g(iii)| Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your organization in cof the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes 

**Total** 

ra	(Complete only if you chec					and 170(b)	(1)(A)(VI)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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			1			
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)			e S Service (Service)	· •	- - -	
6	Public support. Subtract line 5 from line 4.	To a later to and to the	1.2				
	tion B. Total Support						· , · · · · · · · · · · · · · · · · · ·
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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 .	` ŧ `				ļ <u>,</u>	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	<u>ere .</u>	<u></u>	d, third, fourth	, or fifth tax y	ear as a sect	ion 501(c)(3)
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line			• • • • • • • • • • • • • • • • • • • •		14	%
15	Public support percentage from 2008 Sc					15	%
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	s as a publicly s	supported organ	nization			▶ [
b	33½ % support test—2008. If the organication quality stop here. The organization quality stops and stop here.	zation did not d alifies as a publ	check a box on icly supported of	line 13 or 16a, organization .	and line 15 is	33⅓ % or mor	e, check this ► [
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" test – 20 more, and if the organization meets the orga	acts-and-circur	nstances" test,	check this box	and stop here.	. Explain in Pai	rt IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance" private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, c organization qua	heck this box a difies as a public	and stop here. By supported or	Explain in Parganization .	t IV how the ▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	d the box of	lille 9 of Pai	11.)			
	tion A. Public Support	4 1 2 2 2 2	#\\		(.D. 0000	(.) 5555	(D. T 1 - 1
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,")	675	693	565	510	435	2878
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.	\$85,169.82	\$69,810.35	\$68,035.51	<b>\$65,325.05</b>	\$46,682.75	335,023.48
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	0	0	٥	0	0	0
_	organization without charge	\$85,844.82	\$70,503.35	\$68,600.51	\$65,835.05	\$47,117.75	
6	Total. Add lines 1 through 5	<del>\$00,044.02</del>	Ψ10,303.33	\$00,000.51	<b>\$05,055.05</b>	Ψ-17,117.73	Ψ001,001.40
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	0	o	0	o	o	0
	amount on line 13 for the year	0	0	0	0	0	- 0
8 8	Add lines 7a and 7b	•					<del></del>
500	tion B. Total Support	, , ,	,				\$337,901.48
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(=) 0000	(f) Total
		\$85,844.82				(e) 2009	
9	Amounts from line 6	\$65,644.62	\$70,503.35	\$68,600.51	\$65,835.05	\$47,117.75	\$337,901.48
ıua	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	\$1,455.17	3246.44	4778.36	2322.01	522.13	12324.11
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	o	0	0	0
c	Add lines 10a and 10b	\$1,455.17	3246.44	4778.36	2322.01	522.13	12324.11
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	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)	\$86,624.99	\$73,056.79	\$72,813.87	\$67,647.06	\$47,204.88	\$347,347.59
14	First five years. If the Form 990 is for organization, check this box and stop	the organization	n's first, secor		n, or fifth tax y	ear as a section	
Sec	tion C. Computation of Public Su				<u> </u>	<del></del>	
15	Public support percentage for 2009 (lin	<del></del>		e 13. column	(f))	15	97.28 %
16	Public support percentage from 2008 §					16	97.43 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage	· · · · ·			
17	Investment income percentage for 200		<del> </del>	t by line 13 co	olumn (fl)	17	3.55 %
18	Investment income percentage from 20					18	3.22 %
19a					nd line 15 is m		
	9a 33½ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ✓					nization ► 🗾	
b							
-	line 18 is not more than 331/3 %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization $ ightharpoonup$						
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	x and see inst	tructions 🕨 🗍

	orm 990 or 990-EZ) 2009 Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
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