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Form 996-EZ

Department of the Treasury

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

OMB No 1545-1150

2009

Open to Public Inspection

| | | nue Service | <u> </u> | The organization may have to use a copy of this return to satisfy state reporting requirement | ents | | | inspection | |
|---------------------------------|--|---|--|---|--|----------------|----------------------------|--------------------|--|
| | | | r year, c | or tax year beginning 03-01 , 2009, and ending | <u>. </u> | 02 | -28 | , 20 10 | |
| Вс | | | | D Employer | Employer identification number | | | | |
| | Address change Please use IRS AUSTIN CHAPTER OF CREDIT UNIONS | | | 74-2115168 | | | | | |
| = | Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telej | | | | | E Telephone | num | ber | |
| ☐ Ir | nitial retur | m | print or type. | | | | | | |
| ┌ | erminate | ed | See Specific | 6411 N LAMAR BLVD | | (512) | 458 | -2558 | |
| Π̈́A | mended | retum | Instruc- | City or town, state or country, and ZIP + 4 | | F Group Exe | mpti | on | |
| 二 | | n pending | tions. | Austin, TX 78752 | | Number | - | | |
| | | | organiz | rations and 4947(a)(1) nonexempt charitable trusts must attach | G Acco | ounting Metho | od | Cash X Accrual | |
| | | | | | | er (specify) | | | |
| | | | | | | | he o | rganization is not | |
| ı v | Vebsite | e: > www | austı | nchaptercu.org | | | tach Schedule B (Form 990, | | |
| | | | | ly one) - X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 | • | EZ, or 990-P | | , | |
| | | | | ion is not a section 509(a)(3) supporting organization and its gross receipts | | | <u> </u> | n \$25.000 A | |
| | | | _ | urn is not required, but if the organization chooses to file a return, be sure t | | = | | •==,=== | |
| | | | | ne 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead | | | <u>``</u> | 73,508 | |
| | ırt I | | | penses, and Changes in Net Assets or Fund Balances | | | | | |
| | 1 | | | grants, and similar amounts received | , | 1 | | 49,413 | |
| | 2 | | - | enue including government fees and contracts | | <u> </u> | - | | |
| | 3 | = , | | nd assessments · · · · · · · · · · · · · · · · · · · | | \dots | | 24,082 | |
| Œ | | Investment i | | • | | 4 | | | |
| วกาก | 5a | | | sale of assets other than inventory | | <u> </u> | | | |
| e | | | | pasis and sales expenses | | | | | |
| -C | | | | sale of assets other than inventory (Subtract line 5b from line 5a) · · · · | | 5 | _ | | |
| R~ e | . 6 | | | | . — | | + | | |
| <u>v=</u> | , | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from garning, check here | | | | | | | |
| n | a Gross revenue (not including \$ of contributions reported on line 1) · · · · · · · · · · · · · · · · · · | | | | | | | | |
| ė. | | | | | | | İ | | |
| SCANNED 11 1 3 | ם ו | | • | | | | \dashv | | |
| Z | 70 | | | from special events and activities (Subtract line 6b from line 6a) | | 6 | 5 | | |
| ڻ | / a | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | |
| S | | | | | | | | | |
| | l _ | | | | | | | | |
| | 8 | | | | |) 8 | -+- | 72 500 | |
| | 9 | | | lines 1, 2, 3, 4, 5c, 6c, 7c, and 8PECFIVFD | | ••• 9 | | 73,508 | |
| | 10 | | | mounts paid (attach schedule) | | 1 | | 20.020 | |
| E | 11 | • | | pensation, and employee benefits | | 1 | | 20,838 | |
| p | 12 | | | pensation, and employee benefits \cdots $\sim \frac{1}{100}$ $\sim MAY - 1.8 2449.$ | <u> </u> | 1: | | | |
| p e n | 13 | | | nd other payments to independent contractors | | 1: | | 15 405 | |
| S | 14 | | | lities, and maintenance · · · · · · · · · · · · · · · · · · · | | 1. | - | 15,497 | |
| e s | 15 | | | s, postage, and shipping | • • • • | 1: | | 664 | |
| - | 16 | Other expen | ises (de | scribe STM130 d lines 10 through 16 | |) 1 | -+ | 14,168 | |
| | 17 | Total expens | ses. Ad | d lines 10 through 16 · · · · · · · · · · · · · · · · · · | • • • • | · · ▶ 1 | _ | 51,167 | |
| Α | 18 | | | or the year (Subtract line 17 from line 9) | • • • • | • • • • 1 | B | 22,341 | |
| NS es | 19 | | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | | | | | | |
| e e t t | l . | | nd-of-year figure reported on prior year's return) | | | | | 1,995 | |
| `t s | | | | et assets or fund balances (attach explanation) | | | | | |
| | 21 | | | alances at end of year Combine lines 18 through 20 · · · · · · · | | | | 24,336 | |
| Pa | rt II | Balance | e Shee | If Total assets on line 25, column (B) are \$1,250,000 or more, file Fo | orm 990 | instead of Fo | rm 99 | 90-EZ | |
| | | | | (See the instructions for Part II) | (A) Beg | inning of year | <u> </u> | (B) End of year | |
| 22 | | | | ments · · · · · · · · · · · · · · · · · · · | | 1,995 | + | 24,336 | |
| 23 Land and buildings 23 | | | | | | | | | |
| 24 Other assets (describe ▶) 24 | | | | | | | | | |
| 25 | Total | l assets · · | • • • • | | | 1,995 | 25 | 24,336 | |
| 26 | | l liabilities (de | | | | | 26 | | |
| 27 | Net a | assets or fund | d balanc | es (line 27 of column (B) must agree with line 21) | | 1,99 | 27 | 24,336 | |

| | | | | | - t ugo - |
|---|--|---|---|---------|------------------------------|
| Part III Statement of Program Service Acc | | |) | (Peg | Expenses urred for section |
| What is the organization's primary exempt purpose? PROMO | | c)(3) and 501(c)(4) | | | |
| Describe what was achieved in carrying out the organization's | | | | | nizations and section |
| manner, describe the services provided, the number of perso | ns benefited, or other releval | nt information for | | 4947 | (a)(1) trusts, optiona |
| each program title | | | <u> </u> | for of | hers) |
| 28 WORKSHOPS HELD THROUGHOUT THE YEAR TO | EDUCATE THOSE IN | | | | |
| ATTENDANCE | ···· | | | | |
| REGARDING NEW DEVELOPMENTS WITHIN THE | | | | | |
| | nount includes foreign grants | | • • • • ▶ | 28a | |
| 29 FUNDRAISERS HELD ANNUALLY TO BENEFIT V | ARIOUS ORGANIZATION | S | | | |
| WHICH HAVE INCLUDED DELL CHILDREN HOSP | ITAL AND CAPTIAL FO | OD | | | |
| BANK. | <u>_</u> | | | | |
| (Grants \$) If this ar | mount includes foreign grants | s, check here · · · · | • • • • ▶ | 29a | |
| 30 TO SUPPORT THE TEXAS CREDIT UNION LEAG | UE BY PROVIDING | | | | |
| EDUCATION OF | | | | | |
| THE ESTABLEMENTS OF CREDIT UNIONS. | | | | | |
| (Grants \$) If this ar | mount includes foreign grants | s, check here · · · · | • • • • □ | 30a | |
| 31 Other program services (attach schedule) | | • | | | |
| (Grants \$) If this ar | mount includes foreign grants | s, check here · · · · | ▶ 🔲 | 31a | |
| 32 Total program service expenses (add lines 28a through 3 | 31a) • • • • • • • • • • • • • • • • • • • | | • • • • • • | 32 | |
| Part IV List of Officers, Directors, Trustees, and Key I | Employees. List each one ev | en if not compensated | (See the instruc | tions f | or Part IV) |
| | (b) Title and average | (c) Compensation | (d) Contributions | | (e) Expense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0) | employee benefit pla deferred compensa | | account and other allowances |
| KELLY ATKINSON | PRESIDENT | | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | 0 | | C | o |
| MARIE SPENCER | VICE PRESIDENT | | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | 0 | | C | d |
| JILL MCNABB | PROGRAM CHAIRPE | | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | 0 | | C | d |
| SAM MCDOUGAL | SECRETARY | | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | 1 | | c | d |
| MARLO MAJOR | TREASURER | | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | | | c | |
| BRANDY LOGAN | BOARD MEMBER | | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | ۱ . | | c | d |
| JENNIFER PALADINO | BOARD MEMBER | | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | ĺ | | | d |
| ALEXIS MICHAEL | BOARD MEMBER | - | | | |
| 6411 N LAMAR BLVD Austin TX, 78752 | | o l | | | |
| MARY GRAY | BOARD MEMBER | | | | - |
| | | | | _ | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | <u> </u> | | | |
| JOHN LEE | BOARD MEMBER | | | , | |
| 6411 N LAMAR BLVD Austin TX, 78752 | 0 | - | | | |
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| Pa | rt V 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 | | Х |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of | | | |
| | the changes \cdots | 34 | | Х |
| 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 | · | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 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 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | 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 period covered by this return? | 38a | | X |
| 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 · · · · · · · · · · · · · · · · · · | | Ì | 1 |
| b | Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • • | | | 1 |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 ▶ , section 4912 ▶ , section 4955 ▶ | | | |
| b | b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year or 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 | | |
| C | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | l |
| | 4955, and 4958 · · · · · · · · · · · · · · · · · · · | | | |
| d | 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 | | | 1 |
| | transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed | | <u> </u> | |
| 42 a | a The organization's books are in care of ▶ MARLO MAJOR Telephone no ▶ 512-45 | | | |
| | Located at ▶ 6411 N LAMAR BLVD Austin, TX ZIP+4 ▶ 78752 | | | |
| 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 | | Yes | No |
| | account)? | 42b | | _X_ |
| | 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. | | l | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | X |
| | If "Yes," enter the name of the foreign country | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here | | • • ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · ▶ 43 | | | |
| | | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If | | | |
| | "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | <u>X</u> |

| Part VI | Section 501(c)(3) organizations a 501(c)(3) organizations and section 4947(a)(and complete the tables for lines 50 and 51 | | | | nly. ^{All section} | on | |
|---|--|--|-----------------------------|---|-----------------------------|---------------------------------|---------------------|
| 46 Did | the organization engage in direct or indirect politi | tical campaign activities on | behalf of or in oppos | ition to | | Yes | No |
| candidates for public office? If "Yes," complete Schedule C, Part I | | | | | 46 | 1 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | | | | | r |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | |
| b If"Y | es," was the related organization a section 527 | organization? | ` | | 49b | | |
| 50 Cor | mplete this table for the organization's five highes | st compensated employees | (other than officers, | directors, trustees and k | ey | | |
| emj | ployees) who each received more than \$100,000 | of compensation from the | organization If there | e is none, enter "None " | | | |
| (4 | 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 | acco | expense ount and llowance | s |
| 51 Cor | al number of other employees paid over \$100,00 mplete this table for the organization's five highes | st compensated independer | | ach received more than | | | |
| | 10,000 of compensation from the organization If (a) Name and address of each independent contractor paid | | | pe of service | (c) Compe | nsation | |
| | | | | | | - | |
| d Tota | al number of other independent contractors each | receiving over \$100,000 | | | | | |
| Sign Here | Under penalties of perjury, I declare that I have exa and belief, it is true, correct, and complete Declare Signature of officer Type or print name and title | | is based on all information | | | | |
| Paid | Preparer's signature amica k | . Maja | E 14-2010 | self- employed | r's Identifying No | (See ins | t) |
| Preparer's | Firm's name (or yours | | | EIN | | | |
| Use Only | address and ZID + 4 | | | | 470 50- | | |
| Movitha | , Austin, TX | 78722 | ········· | T Hone He | 2-478-7979 | | No |
| way the II | RS discuss this return with the preparer shown a | bove / See instructions • | EEA | •••••• | Form 9 | | No (2009) |

| | Federal Supporting Statements | 2009 |
|----------------------------|-------------------------------|------|
| Name(s) as shown on return | | FEIN |

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

| Description | Amount |
|----------------------------------|--------|
| FUNDRAISERS | 6,168 |
| PROCEEDS TO TX BAPTIST CHLD HOME | 2,000 |
| PROCEEDS TO AUSTIN CHLD MUSEUMS | 2,000 |
| PROCEEDS TO BIG BRO BIG SIS | 2,000 |
| PROCEEDS TO SAFE PLACE | 2,000 |
| Total | 14,168 |

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

| Description TOTAL EXPENSES | Beginning of Year_ | End of Year |
|-------------------------------|-----------------------|-------------|
| Total | | |

Form 990EZ, Part I, Line 8 Other Revenues Schedule 2

| Description | Amount |
|-------------|--------|
| DIVIDENDS | 13 |
| | |
| Total | 13 |
| | |