

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)

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(7)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

C Name of organization

GAY AND LESBIAN ALLIANCE OF THE CENTRAL COAST

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

PO BOX 3558

City, town or country

SAN LUIS OBISPO

State ZIP code + 4

CA 93403-3558

D Employer Identification Number

77-0372544

E Telephone number

(805) 541-4252

F Accounting method:

☒ Cash ☐ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ... ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ... ▶

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

J Organization type

(check only one) ... ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☒ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 159,787.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	12,133.			
c Indirect public support (not included on line 1a)	1c	141,178.			
d Government contributions (grants) (not included on line 1a)	1d				
e Total (add lines 1a through 1d) (cash \$ 153,311. noncash \$ 0.)	1e			153,311.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3			7,755.	
4 Interest on savings and temporary cash investments	4			952.	
5 Dividends and interest from securities	5			641.	
6a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe. ▶ See Other Investment Income Statement)	7			1,041.	
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here. ▶ <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11	-3,913.			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	159,787.			
13 Program services (from line 44, column (B))	13	66,610.			
14 Management and general (from line 44, column (C))	14	39,646.			
15 Fundraising (from line 44, column (D))	15	35,840.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17	142,096.			
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	17,691.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	67,443.			
20 Other changes in net assets or fund balances (attach explanation). See L-20 Stmt	20	-425.			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	84,709.			

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> ...	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> ...	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	13,878.	0.	13,878.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	250.	0.	250.	0.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	650.	0.	650.	0.
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	13,469.	0.	13,469.	0.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	458.	458.	0.	0.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a <u>ADVERTISE</u>	43a	0.	0.	0.	0.
b <u>BANK FEES</u>	43b	861.	422.	439.	0.
c <u>DUES</u>	43c	395.	395.	0.	0.
d <u>EVENT COSTS</u>	43d	85,298.	49,473.	0.	35,825.
e <u>EDUCATION</u>	43e	70.	0.	70.	0.
f <u>INSURANCE</u>	43f	4,998.	3,645.	1,353.	0.
g <u>See Other Expenses Stmt</u>	43g	21,769.	12,217.	9,537.	15.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	142,096.	66,610.	39,646.	35,840.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? PROVIDE SAFE SURROUNDINGS FOR GAYS AND LESBIANS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>PROVIDE SAFE ENVIRONMENT FOR GAYS AND LESBIANS AND PROVIDE</u> <u>PUBLIC AWARENESS OF THE RIGHTS OF GAYS AND LESBIANS</u> _____ _____ _____ (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	66,795.
b _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).....	66,795.

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	17,164.	45	25,557.
	46 Savings and temporary cash investments	50,279.	46	59,152.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ► <u>See Line 58 Stmt</u>) ..		58	0.	
59 Total assets (must equal line 74). Add lines 45 through 58	67,443.	59	84,709.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►		65	
	66 Total liabilities. Add lines 60 through 65	0.	66	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	67,443.	72	84,709.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	67,443.	73	84,709.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	67,443.	74	84,709.	

Yes	No
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[illegible]

75b	X
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75c	X
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75d	x
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75d		x
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
- -- ---				
-- --- ----				

- -- ---				
-- --- ----				

- -- ---				
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- -- ---				
-- --- ----				

Yes	No
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76	X
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76		x
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77		X
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

78a	X	
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78b	X	
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79	X
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80 a	X
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and check whether it is ☐ exempt or ☐ nonexempt.

[illegible]

81b	X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members.....		N/A
d	Section 162(e) lobbying and political expenditures.....		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	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	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ..		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ See States Filed In		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
91 a	The books are in care of ▶ TREASURER Telephone number ▶ (805) 541-4252 Located at ▶ 11573 LOS OSOS VALLEY RD, SAN LUIS OBISPO CA ZIP + 4 ▶ 93403-3558		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

BAA

Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14		
96 Dividends & interest from securities			14		
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISC	624200	-3,913.	4		
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-3,913.			
105 Total (add line 104, columns (B), (D), and (E))					-3,913.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Type or print name and title. CLIENT'S COPY			
	Preparer's signature	Date		Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Preparer's SSN or PTIN (See General Instruction X)
	H ASHLEY ASHMORE ASHMORE & ASSOCIATES 3388 BROAD STREET SAN LUIS OBISPO CA 93401		05/05/08 (805) 541-1774	

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2007

Name of the organization

GAY AND LESBIAN ALLIANCE OF THE CENTRAL COAST

Employer identification number

77-0372544

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	NONE	

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ..			0.

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

☐ Type I
☐ Type II
☐ Type III-Functionally Integrated
☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...			54,361.	41,321.	95,682.
16 Membership fees received			5,825.	5,110.	10,935.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose			0.	0.	0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 ..			191.	0.	191.
19 Net income from unrelated business activities not included in line 18			-6,338.	-905.	-7,243.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			0.	0.	0.
21 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			0.	0.	0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			6,093.	16,791.	22,884.
23 Total of lines 15 through 22			60,132.	62,317.	122,449.
24 Line 23 minus line 17			60,132.	62,317.	122,449.
25 Enter 1% of line 23			601.	623.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ 0. (2003) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ 0. (2003) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 95,682. 16 _____ 10,935. 17 _____ 0. 20 _____ 0. 21 _____ 0. ...					27c 106,617.
d Add: Line 27a total _____ 0. and line 27b total					27d 0.
e Public support (line 27c total minus line 27d total)					27e 106,617.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					27f 122,449.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 87.07 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.16 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)				

32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				

33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)				

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38	0.												
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.												
41	Lobbying nontaxable amount. Enter the amount from the following table —														
<table border="0"> <tr> <td>If the amount on line 40 is —</td> <td>The lobbying nontaxable amount is —</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is —	The lobbying nontaxable amount is —	Not over \$500,000	20% of the amount on line 40.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	0.
If the amount on line 40 is —	The lobbying nontaxable amount is —														
Not over \$500,000	20% of the amount on line 40.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.												
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.															

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))CLIENT'S COPY
OMB No. 1545-0087For calendar year 2007 or other tax year beginning _____, 2007,
and ending _____, 2007**2007**Department of the Treasury
Internal Revenue Service (77)

▶ See separate instructions.

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)		Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GAY AND LESBIAN ALLIANCE OF THE CENTRAL COAST Number, street, and room or suite number. If a P.O. box, see instructions. PO BOX 3558 City or town State ZIP code SAN LUIS OBISPO CA 93403-3558	D Employer identification number (Employees' trust, see instructions for Block D.) 77-0372544 E Unrelated business activity codes (See instructions for Block E.) 999999
C Book value of all assets at end of year 84,709.		F Group exemption number (See instructions for Block F.) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.▶ **NEWSLETTER ADVERTISEMENTS**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ☐ Yes ☒ No
 If 'Yes,' enter the name and identifying number of the parent corporation ... ▶
J The books are in care of ▶ **TREASURER**Telephone number ▶ **(805) 541-4252**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ...				
b Less returns and allowances ...	c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c.	3			
4 a Capital gain net income (attach Schedule D)	4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b			
c Capital loss deduction for trusts.	4 c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11	6,165.	10,003.	-3,838.
12 Other income (See instructions; attach schedule.)	12			
13 Total. Combine lines 3 through 12.	13	6,165.	10,003.	-3,838.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	See Other Deductions Statement.
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.	30	-3,838.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.	32	-3,838.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	-3,838.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐. See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

39 0.

Part IV Tax and Payments**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify) ▶

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e Total credits. Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41

0.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43

0.

44a Payments: A 2006 overpayment credited to 2007

44a

b 2007 estimated tax payments

44b

c Tax deposited with Form 8868

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Other credits and payments:☐ Form 2439 ☐ Other

44g

Total ... ▶

45 Total payments. Add lines 44a through 44f

45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ☐

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48

0.

49 Enter the amount of line 48 you want: Credited to 2008 estimated tax ▶

Refunded ▶

49

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1

Yes No

If YES, enter the name of the foreign country here

X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..

X

If YES, see the instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year

1

2 Purchases

2

3 Cost of labor

3

4a Additional section 263A costs (attach schedule)

4a

b Other costs (attach sch) See Other Costs Statement

4b

5 Total. Add lines 1 through 4b

5

6 Inventory at end of year

6

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2

7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature

H ASHLEY ASHMORE

Date

05/05/08

Check if self-employed ☐

Preparer's SSN or PTIN

P00449380

Firm's name (or yours if self-employed), address, and ZIP code

ASHMORE & ASSOCIATES

3388 BROAD STREET

SAN LUIS OBISPO

CA 93401

EIN

77-0486957

Phone no.

(805) 541-1774

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1** Description of property

(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ... ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8. ▶				

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization		2 Employer Identification Number			
		3 Net unrelated income (loss) (see instructions)			
		4 Total of specified payments made			
		5 Part of column 4 that is included in the controlling organization's gross income			
		6 Deductions directly connected with income in column 5			
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income		8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NEWSLETTER	6,165.	10,003.				
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	6,165.	10,003.	-3,838.			

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	6,165.	10,003.				
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2007

Part I – Identifying Information

Employer Identification Number..... 77-0372544
 Name GAY AND LESBIAN ALLIANCE OF THE CENTRAL COAST
 Address PO BOX 3558 Room/Suite
 City SAN LUIS OBISPO State ... CA ZIP Code 93403-3558
 Foreign Country
 Telephone Number (805) 541-4252 Extension
 Fax E-Mail Address YE DECEMBER

☐ Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|---|--|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input type="checkbox"/> Form 990 only | <input checked="" type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$25,000 or less) for Electronic Filing only |
- ☐ QuickBooks Import Users: Check if you're filing 990-EZ & want 990 imported data copied to 990-EZ

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | | <input type="checkbox"/> 527 Organization |

Part IV – Tax Year and Filing Information

- ☒ Calendar year
- ☐ Fiscal year — Ending month Ending date.....
- ☐ Short year — Beginning date..... Ending date.....
- ☐ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2007 Estimated Taxes Paid

- ☐ Check this box if the organization is a private foundation
- Form 990-T Form 990-PF
- Amount of 2006 overpayment credited to 2007 estimated tax

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>04/17/07</u>				
2nd Quarter Payment	<u>06/15/07</u>				
3rd Quarter Payment	<u>09/17/07</u>				
4th Quarter Payment	<u>12/17/07</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Electronic Filing Information

Electronic Filing:

☐ File the federal return electronically

Practitioner PIN program:

☐ Sign this return electronically using the Practitioner PIN
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers)

Date PIN entered

Electronic Filing of Extensions:

☐ Check this box to file **Form 8868** (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name ...

Electronic Filing of Amended Return:

☐ Check this box to file **amended return** electronically

Part VII – Electronic Funds Withdrawal Information *(Form 990PF filers only)*

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of federal balance due (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of Form 8868 balance due (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of amended return balance due (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

Bank Information

Name of Financial Institution (optional)

Check the appropriate box ☐ Checking ☐ Savings

Routing number

Account number

Payment Information

Enter the payment date to withdraw tax payment

Balance due amount from this return

Enter an amount to withdraw tax payment

If partial payment is made, the remaining balance due

Part VIII – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation ... **Board of Directors**

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) **AA**

QuickZoom to Firm/Preparer Info 

QuickZoom to Form 990-EZ, Pages 1, 2 and 3 

QuickZoom to Form 990, Page 1 

QuickZoom to Form 990-PF, Page 1 

QuickZoom to Form 990-T, Page 1 

QuickZoom to Form 990-N, e-PostCard 

QuickZoom to Client Status 

Tax Calculation Worksheet

► Keep for your records

2007

Name GAY AND LESBIAN ALLIANCE OF THE CENTRAL COAST	EIN 77-0372544
--	--------------------------

Part I -- Trusts Taxable at Trust Tax Rates

2007 Tax Rate Schedule

Over —	But not over —	Enter on line 2:	Of the amount over —
\$0	\$2,150	15%	\$0
2,150	5,000	\$322.50 + 25%	2,150
5,000	7,650	1,035.50 + 28%	5,000
7,650	10,450	1,777.00 + 33%	7,650
10,450	— — — —	2,701.00 + 35%	10,450

1	Unrelated business taxable income from line 34, Form 990-T, page 1	1	
2	Tax on line 1. Enter here and on line 36, Part III, Form 990-T, Page 2, Tax Computation	2	

Part II -- Organizations Taxable as Corporations

Note: Column (b) is used only for the calculation of the additional 3% and 5% taxes for members of a controlled group.

	(a) Filing Member/ Organization	(b) Entire Controlled Group
1	Unrelated business taxable income from line 34, page 1 Form 990-T	
2	Enter line 1 or the share of \$50,000 bracket, whichever is less.	0.
3	Subtract line 2 from line 1.	0.
4	Enter line 3 or the share of \$25,000 bracket, whichever is less.	0.
5	Subtract line 4 from line 3.	0.
6	Enter line 5 or the share of \$9,925,000 bracket, whichever is less.	0.
7	Subtract line 6 from line 5.	0.
8	Enter 15% of line 2.	0.
9	Enter 25% of line 4.	0.
10	Enter 34% of line 6.	0.
11	Enter 35% of line 7.	0.
12	If taxable income exceeds \$100,000, enter smaller of: (a) 5% of the excess over \$100,000 or (b) share of \$11,750	
13	If taxable income exceeds \$15,000,000, enter smaller of: (a) 3% of the excess over \$15,000,000 or (b) share of \$100,000	
14	Add lines 8 through 13. Enter here and on line 35c, Part III, Form 990-T, Page 2, Tax Computation	0.

Calculation of Additional 5% Tax (see line 12) (controlled groups only)

A	Income taxed at 15% rate (line 2).		
B	Tax rate difference (34% - 15%)	19%	19%
C	Tax difference (line A multiplied by line B).		
D	Income taxed at 25% (line 4).		
E	Tax rate difference (34% - 25%)	9%	9%
F	Tax difference (line D multiplied by line E).		
G	Total tax difference (line C plus line F).		
H	Percentage of additional tax paid by the entire group (line 12(b) divided by line G(b))		%
I	Total additional 5% tax (line G multiplied by line H).		

Calculation of Additional 3% Tax (see line 13) (controlled groups only)

J	Income taxed at 34% (lines 2 + 4 + 6)		
K	Tax rate difference (35% - 34%)	1%	1%
L	Tax difference (line J multiplied by line K).		
M	Percentage of additional tax paid by the entire group (line 13(b) divided by line L(b))		%
N	Total additional 3% tax (line L multiplied by line M).		

Form 990, Page 1, Line 7

Other Investment Income Statement

Other investment income (describe)

MISC	984.
DISCOUNTS	57.
Total	<u>1,041.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
WEBSITE	15.	15.	0.	0.
LICENSE/PERMITS	15.	0.	0.	15.
MISC	3,330.	3,127.	203.	0.
OFFICE EXP	3,854.	2,389.	1,465.	0.
OTHER NON PROFIT AGENCIES	1,050.	1,050.	0.	0.
POSTAGE	1,487.	698.	789.	0.
PROGRAMS	3,589.	3,589.	0.	0.
RENOVATION	6,137.	0.	6,137.	0.
TAXES - OTHER	9.	0.	9.	0.
UTILITIES	2,283.	1,349.	934.	0.
Total	<u>21,769.</u>	<u>12,217.</u>	<u>9,537.</u>	<u>15.</u>

Form 990, Part VI, Page 7, Line 90a

States Filed In

California

Form 990-T, Page 1, Part II, Line 28

Other Deductions Statement

COMMISSIONS/STIPEND	
POSTAGE	
PRINTING	
TAX	
Total	

Form 990-T, Page 2, Schedule A, Cost of Goods Sold, Line 4b

Other Costs Statement

NEWS & REVIEWS	
PRINTING	
Total	

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
PROGRAMS /EVENTS					

Total

Form 990, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Petty Cash Reconciliation	-425.
Total	<u>-425.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
UTILITY DEPOSIT		0.
RESTRICTED FUNDS - OFC MGR		0.
RESTRICTED FUNDS - SENIOR NEEDS		0.
Total		<u>0.</u>

Supporting Statement of:

Form 990 p 1/Line 1c

Description	Amount
FUNDRAISERS	21,173.
EVENTS	111,341.
YOUTH PROJECT	5,110.
SPECIAL FUNDRAISER	3,554.
Total	<u>141,178.</u>

Supporting Statement of:

Form 990 p 1/Line 7 Amount-1

Description	Amount
UNCATEGORIZED	397.
OTHER INC	25.
REIMBURSED	282.
SODA SALES	130.
DEPOSITS REFUNDED	150.
Total	<u>984.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B) -9

Description	Amount
VARIOUS SMALL EXPENSES	945.
UNFUNDED PROJECTS	2,182.
Total	<u>3,127.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C) -9

Description	Amount
LATE FEES	25.
TRANZ BROCHURE W/GRANT MONEY	178.
Total	<u>203.</u>

Supporting Statement of:

Form 990 p 4/Line 45, column (B)

Description	Amount
PETTY CASH	100.
CHECKING	25,457.
Total	<u>25,557.</u>

Supporting Statement of:

Form 990 p 4/Line 46, column (B)

Description	Amount
SAVINGS	37,693.
SCHWAB	7,121.
SCHWAB	14,338.
Total	<u>59,152.</u>

Supporting Statement of:

Form 990 p 8/Line 103 (B) -1

Description	Amount
NEWSLETTER ADVERTISING	6,090.
NEWSLETTER COSTS	-10,003.
Total	<u>-3,913.</u>

Supporting Statement of:

Form 990-T, p4/Schedule J-I, Column 3-1

Description	Amount
PRINTING	7,883.
STIPEND	2,120.
Total	<u>10,003.</u>

TAXABLE YEAR

2007

California Exempt Organization Annual Information Return

CLIENT'S COPY FORM

199

For calendar year 2007 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____	
IMPORTANT: Your number is required.	
California corporation number 1881722	Federal employer identification number (FEIN) 77-0372544
Corporation/Organization name GAY AND LESBIAN ALLIANCE	
Address (including suite, room, or PMB no.) PO BOX 3558 City _____ State _____ ZIP Code _____ SAN LUIS OBISPO CA 93403-3558	
A Final return? Check applicable box. <input type="checkbox"/> Yes <input type="checkbox"/> No • <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date • B Check forms filed this year: State: <input checked="" type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120 C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. • <input type="checkbox"/> D Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No E Accounting method used .. CASH F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 3 (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues (Enclose, but do not staple, any payment.)	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. •	1	159,787.
	2 Gross dues and assessments from members and affiliates. •	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions •	3	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. •	4	159,787.
	5 Cost of goods sold 5	5	
Expenses	6 Cost or other basis, and sales expenses of assets sold 6	6	
	7 Total costs. Add line 5 and line 6. 7	7	
	8 Total gross income. Subtract line 7 from line 4. 8	8	159,787.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18. 9	9	142,096.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. 10	10	17,691.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F. 11	11	10.
	12 Penalty for failure to file on time. See General Instruction L. 12	12	
	13 Use tax. See 'General Instruction M'. • 13	13	
	14 Balance due. Add line 11, line 12, and line 13. 14	14	10.

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ☐ Yes ☒ No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ☐ Yes ☒ No
- 17 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If 'Yes,' enter amount of gross receipts from nonmember sources ... \$ _____
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? ☒ Yes ☐ No
If 'Yes,' enter amount of total income reported. \$ **-3,913.**
- 19 The financial records are in care of. **TREASURER** Daytime telephone **(805) 541-4252**
located at **11573 LOS OSOS VALLEY RD SAN LUIS OBISPO, CA**

Please Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer CLIENT'S COPY	Title _____ Date _____ Daytime telephone _____
Paid Preparer's Use Only	Paid Preparer's signature ▶ H ASHLEY ASHMORE	Date 05/05/08
	Firm's name (or yours, if self-employed) and address ▶ ASHMORE & ASSOCIATES 3388 BROAD STREET SAN LUIS OBISPO CA 93401	Check if self-employed <input type="checkbox"/> • Paid preparer's SSN or PTIN P00449380 FEIN 77-0486957 Daytime telephone (805) 541-1774

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	952.
	3	Dividends	3	641.
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	158,194.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	159,787.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other. Attach schedule	17	142,096.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	142,096.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				0.
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans... _____)				
9	Other investments. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets				0.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8.
4	Income not recorded on books this year. Attach schedule	10	Net income per return. Subtract line 9 from line 6.
5	Expenses recorded on books this year not deducted in this return. Attach schedule		
6	Total. Add line 1 through line 5.		

Supporting Statement of:

Form 199/Part II, Line 7

Description	Amount
SEE FORM 990 ATTACHED	158,194.
Total	<u>158,194.</u>

Supporting Statement of:

Form 199/Part II, Line 17

Description	Amount
SEE FORM 990 ATTACHED	142,096.
Total	<u>142,096.</u>