

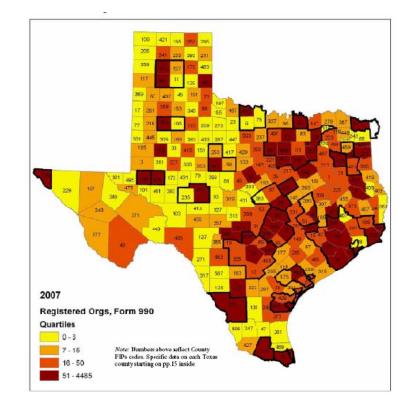
Starting a 501 (c) 3 Nonprofit in Texas

Barry Silverberg

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Aren't there enough nonprofits already?





TANO Objective

Helping create and sustain

EFFECTIVE nonprofits!

TANO C3 Consulting Services

Incorporation & 501 (c) 3

Financial Mgmt & Accounting

Strategic Thinking Gathering

Grant Writing

TANO Member Discounts

Consultations to date:

http://www.austincc.edu/npo/about/servicesprovided.php



1. Timeline

- 1. Certificate of Formation via Secretary of State
- 2. Texas Application for Exemption Charitable Organizations via Comptroller
- 3. Employers Identification Number via IRS
- 4. Bylaws
- 5. IRS 1023 form & addendum preparation
- 6. IRS Notification of receipt
- 7. IRS "Black hole"
- 8. IRS further questions
- 9. IRS 501 (c) 3 determination

10.State & Federal reporting requirements



2. What is a Nonprofit Corporation?

Defining the Nonprofit Sector

Key Characteristics of a Nonprofit Entity

Private Inurement

Stakeholders

Differences from Other Sectors

America's Three Sectors

Private Sector

Business and industry

Public Sector

Government and public educational systems

Nonprofit Sector

 Charitable organizations, membership associations, professional societies



Defining the Sector

- Chapter 22 of the Texas Business Organization Code (aka Texas Nonprofit Corporation Law (NCL)
 - Replaces Nonprofit Corporation Act Effective Jan 1, 2011 but used by many as of 1/1/06

Internal Revenue Code 501 (c)

- identifies 28 types of non-profit organizations exempt from some federal income taxes
 - Public Charities 501 (c) 3 serving the public good/ benefiting the public
 - Civic Leagues 501(c) 4 operated exclusively for the promotion of social welfare, or local associations of employees.
 - * Associations 501 (c) 6 benefiting its members



Key Characteristics of Nonprofits

Purpose

Ownership

Control

Accountability



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Stakeholders

A stakeholder is anyone who has the power to exert an influence on your organization or who is strongly influenced by your organization in some significant way.

- A stakeholder may be a single person, a group of individuals, or another large organization or institution.
- Each has a unique involvement with your organization and differing interests, priorities, and expectations.

Namus, Burt, Visionary Leadership, Creating A Compelling Sense of Direction For Your Organization, Jossey-Bass Publishers, San Francisco, 1992, pp.62-63



Defining the Sector

> entities that are organized for public purposes

- > do not distribute surplus revenues as profits
- > No equity
- independent of government and business, although they may be closely related to both
- > are self-governed
- > 501 (c) 3 contributors get tax deduction



Differences Between Sectors

Willingness of people to volunteer

Governance by a diverse volunteer board of community members

Mission-driven rather than profit-driven (or by a quest for political power or votes).

> Accountability to the public, not stockholders.

3. Key Starting Questions

General purpose & mission

Due diligence/ Decision Tree

is there need?

others doing it?

regulations to consider?

sufficient initial resources?

sufficient public interest?

Self-Interest

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Why doing this?

Control needs?

Capacity Requirements

Reasons NOT to create a nonprofit

Advantages & Disadvantages 🖭



Is proposed project something a nonprofit can legally do

>Is there demonstrated need

Can you state your mission clearly

Considered partnership with existing organization?



Can you describe what success looks like

Can you describe how will pursue goal (steps to success)

Will others commit time & resources to cause

Do you/ supporters have skills to start proposed org



Self-Interest Issues

>What are your CONTROL needs?

>Why are you doing this?

Reasons NOT to start a Nonprofit

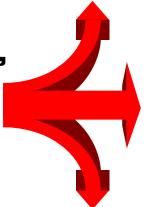
- To support a needy individual
- Think there is lot of grant money available
- Have service/ product want to provide below cost or donate- want tax deduction
- Feel your current work not meaningful
- Want to do things your own way & not be fettered by rules & bureaucratic procedures



Do you/ supporters have understanding of the fundamentals of how nonprofits are structured and function?

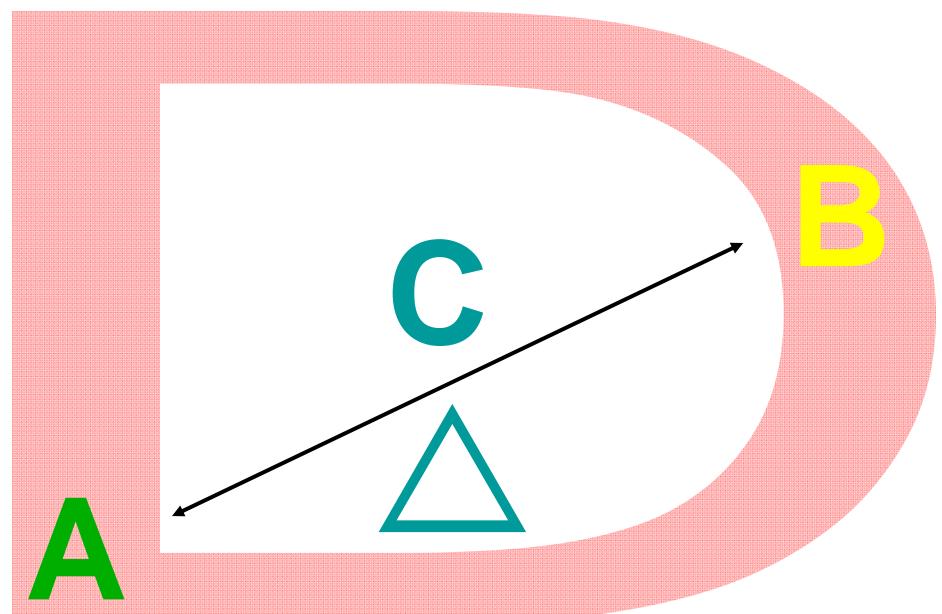
If you don't know where you're going, any path will take you there

Sioux Proverb





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An effective nonprofit fulfills its mission if it:

Communicates its vision and mission,

> Plans for the future,

Achieves and measures results,

> Manages an active and informed governance structure

Secures resources appropriate to its needs,

Engages and serves its community

(Chicago Grantmakers for Effective Organizations - CGEO)



Establishing a Nonprofit

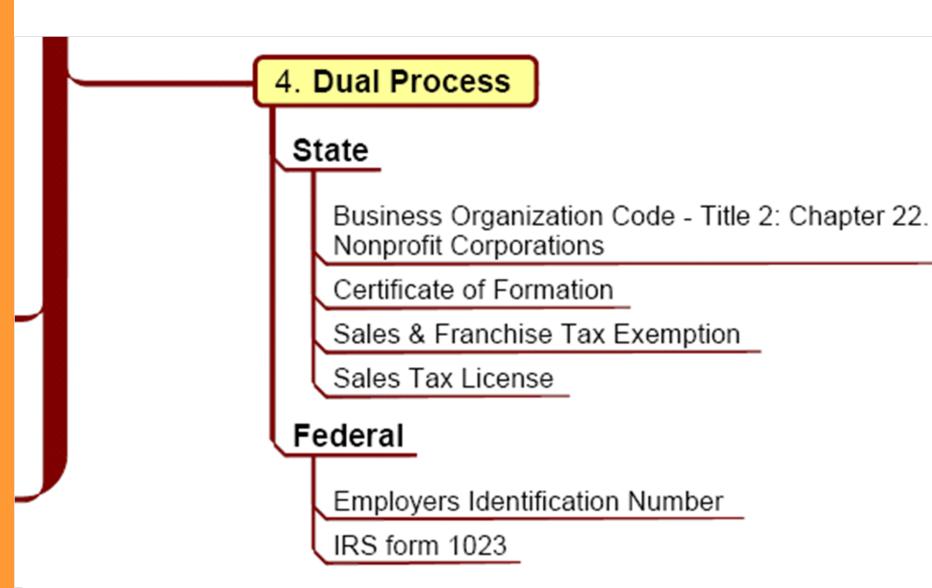
Advantages

- Limited liability
- Structure
- Accountability
- Perpetuity
- Legally recognized authority
- Ancillary benefits
 - lower postage rates
 - access to media
 - Volunteers
 - Collegial decisionmaking

Disadvantages

- Loss of Control
- Regulation/ Paperwork
- Start up time & expense
- Different than forprofit





5. Certificate of Formation

Texas Application for Exemption -Charitable Organizations

Sales Tax License



Certificate of Formation

Form 202 at <u>www.sos.state.tx.us</u>

- Art 1—Entity Name and Type
- Art 2—Registered Agent & Registered Office
- >Art 3—Management
- Art 4—Members
- Art 5—Purpose
 - Reference to IRS 501 (c) 3
- Supplemental Provisions
 - Dissolution Clause

| The filing entity being formed Artic | is a nonprofit corpo | ity Name and Ty oration. The nam | • | | |
|---|--|-------------------------------------|---------------------------|----------------|---------------|
| | | oration. The nam | e of the en | | |
| Artic | le 2 - Registered A | | | nty is: | |
| A. The initial registered a | (Select and complete <u>ei</u> gent is an organizat | | ste C) named above) | by the name | |
| First Nome | M.I. | Last Name | | | Suffer |
| C. The business address of the | e registered agent a | ad the registered o | office addr | ess is: | ~ |
| | | | | тx | |
| Street Address | City | | | State Zip (| .ode |
| The management of the affair directors constituting the initia to serve as directors until the s qualified are as follows: Director 1 | is of the corporation al board of directors first annual meeting | s and the names a | nd address intil their | ses of the per | rsons who are |
| | | | | | |
| First Name | M.L | Last Name | | | Suffix |
| r trat /valles | | | | | |
| e trat ryante | | | | | |
| verst prame Street or Mailing Address | Сір | | State | Zip Code | Country |
| | City | | State | Zip Code | Country |
| Street or Mailing Address | City | | State | Zip Code | Country |
| Street or Mailing Address | City MJ. | Last Name | State | Zip Code | Country |



Texas State Tax Exemption

ap-205 at www.cpa.state.tx.us

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|--|
| SUSAN COMBS • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS |
| Nonprofit charitable organizations should use this application to request exemption from Texas sales tax, hotel occupancy tax and franchise tax, if applicable. To receive a state tax exemption as a charitable organization, a nonprofit charitable organization must devote all or substantially all of its activities to the alleviation of poverty, issease, pain and suffering by providing food, drugs (medicine), medical treatment, shelter, clothing or psychological ocunseling directly to indigent or similarly deserving individuals for little or no fee. The organization's funds must be derived primarily from sources other than fees or charges for its services. Exemption from federal tax as a 501(c) organization is not required to qualify for exemption from state tax as a charitable organization. |
| The exemption for charitable organizations is provided for in Sections 151.310, 156.102 and 171.062 of the Texas Tax Code, and more detailed information can be found in Comptroller's Rules 3.322, 3.161 and 3.541. |
| Some organizations will not qualify for an exemption as a charitable organization as that term is defined in Texas' law and rules, even though their activities may be charitable in nature. Such an organization might still qualify for exemption from Texas sales taxes and franchise tax, if applicable, based on their exemption under certain sections of the nternal Revenue Code (IRC). |
| Texas tax law provides an exemption from sales taxes on goods and services purchased for use by organizations exempt under Section 501(c)(3), (4), (8), (10) or (19). However, exempt organizations are required to collect tax on most of their sales of taxable items. See Exempt Organizations - Sales and Purchases, Publication 96-122. |
| Texas law also provides an exemption from franchise taxes for corporations exempted from the federal income tax under IRC Section 501(c)(2), (3), (4), (5), (6), (7), (8), (10), (16), (19) or (25). |
| f your organization has been granted federal tax exemption under one of the qualifying sections listed above, your organization will be granted an exemption from Texas sales tax, or sales and franchise tax, on the basis of the nternal Revenue Service (IRS) exemption, as required by state law. Organizations that qualify for exemption based on the federal exemption are not exempt from hotel occupancy tax because the hotel occupancy tax law does not recognize any federal exemptions. |
| The laws, rules and other information about exemptions are on-line at |
| window.state.tx.us/taxinfo/exempt |
| Send the completed application along with all required documentation to: |
| Comptroller of Public Accounts Exempt Organizations Section P.O. Box 13528 Austin, Texas 78711-3528 |
| We will contact you promptly after receipt of your application to let you know the status of your application. We may require an organization to furnish additional information to establish the claimed exemption. After a re- view of the material, we will inform the organization in writing if it qualifies for exemption. The Comptroller or an authorized representative of the Comptroller may audit the records of an organization at any time during regular business hours to verify the validity of the organization's exempt status. |
| If you have questions or need more information, contact our Tax Assistance staff at (800) 252-5555 or, in Austin at (512) 463-4600. |
| Vu have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or foll-free number listed on this form. |

| FOR CHARITABLE ORGANIZATIO | | | PR PRINT F write in shaded areas. | Pag |
|---|---|---------------------------|--------------------------------------|---------|
| ORGANIZATION NAME | | | | |
| (Legal name as provided in the formation document, or if un name as filed in the home state of charter.) | nincorporated, the governing document. | For non-Texas corporation | s, name must match the corporat | e |
| ORGANIZATION MAILING ADDRESS Street number, P.O. Box, or rural route and box | | | | |
| City | State/province | ZIP code | County (or country, if outside | the U.S |
| Texas taxpayer number (if applicable) | | | | |
| Corporations ONLY: | | | Month Day Y | /ear |
| a) Enter filing information issued by the Texas Secreta OR | ary of State File Number | | File Date | |
| b) Check this box if this is a non-Texas corporat | ion without a Certificate of Authority. | | | |
| Federal Employer Identification Number (EIN) (Required if applying for exemption on the basis of a | federal exemption) | | | /ear |
| Earliest date organization provided services | | | | |
| Name, address and daytime phone number of the per | | | | |
| Name | Title | | | |
| Firm or Company Name | | Daytime Phone (Area | code and number) Extension | |
| | | | | |
| Address | City | State | Zip | |
| | | I | | |
| If address provided is not the same as the organization | | ch address our response | should be mailed: | |

25

Item 8. Check here to apply for an exemption on the basis of a federal exemption.

Return the completed application with a copy of the entire IRS determination letter and any addenda. The organization name on the IRS determination letter must match the organization's legal name as listed in the Articles of Incorporation or governing document. If the IRS determination letter was issued more than four years prior to the current date, include a copy of a current IRS verification letter. To obtain a current letter, contact the IRS at (877) 529-5500.

Item 9. Check here to apply for exemption as a charitable organization.

The following documents must be included with your application. Information may be in the form of a bulletin, brochure, written statement or Web site:

- A copy of your organization's actual or proposed two-year budget; a detailed description of all of the organization's activities; any
 amount of charges for services, how the charges are determined, and the criteria the recipients must meet to receive the
 services. Include a written statement or brochures, pamphlets or Web site addresses that describe the activities of the
 organization.
- · A copy of any application used to determine eligibility for the organization's services.
- A copy of the IRS determination letter, if your organization is exempt under a qualifying section of the Internal Revenue Code or if the organization is affiliated with a parent entity that has a federal group exemption under one of the qualifying IRC sections, attach a letter of verification from the parent entity that confirms the organization is a recognized subordinate under its federal group exemption. If the parent organization has not yet obtained exemption from Texas franchise tax and/or sales tax, provide a copy of the parent's organization's entire IRS group exemption ruling letter along with the letter of affiliation.
- Special note to unincorporated entities: include your organization's governing documents, such as the bylaws or constitution.
- Special note to non-Texas corporations: include a file-stamped copy of your organization's formation documents AND a current Certificate
 of Existence from the Secretary of State or equivalent officer in your home state.

C

-<u>www.</u>

Sales Tax License

If selling goods

Business Organization Code – Title 2. Chapter 22. Nonprofit Corporations

www.tano.org/texas-statutes



6. Employers Identification Number (EIN)

SS-4 via IRS online at

http://www.irs.gov/businesses/small/article/0,,id=102767,00.html

or do via PDF at <u>www.irs.gov</u>

- Federal Tax ID
- Requires Social Security Number







Bylaws

Constitute the code of rules adopted by the Corporation for the regulation and management of its affairs

Policies and procedures:

- Membership rights and responsibilities
- Membership meetings
 - * Quorum
- Board of Directors composition
- Board of Directors meetings
 - Quorum
- Committees
- Officers



Bylaws

Policies and procedures:

- Rules of Procedure
- Executive Director
- Indemnification
- Operations
 - Execution of Documents
 - Disbursement of Funds
 - * Procurement policy
 - Records
 - Fiscal Year
 - * Audit
 - ∗ Etc.
- Conflict of Interest policy
- Amendment procedure
- Dissolution procedure



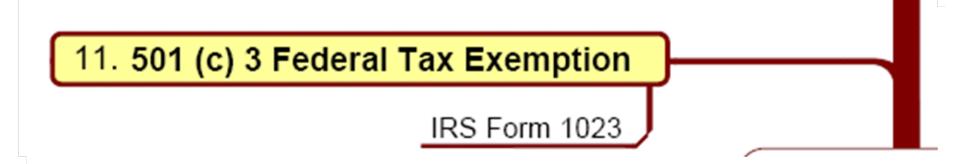




Organizational Board Meeting

- I. Adopt Bylaws
- **Elect Board of Directors**
- **Elect Officers**
- **IV.** Adopt Schedule of Meetings
- V. Approve Registered Agent
- VI. Fiscal Matters
 - I. Authorize Opening a Bank Account
 - **II.** Designate Bank Signatories
- VII. Constitute Committees Necessary to Further Establish and Execute the Mission
- VIII. Other Issues Requiring Attention/ Adjourn





- Basic familiarity with nonprofits
- Present planned activities and budget
- Control
- Conflicts of Interest



Application for Recognition of Exemption Form 1023 via <u>www.irs.gov</u>

- Extensive instructions
- Need Addendum
- Name & EIN on EVERY document
- Consistent information

Attention to details

| 1023 June 2006) nent of the Treasury Revorue Barvice | Under Section 501(c)(3) of the | o Intornal E | | Note: If exer | med adaption to | |
|--|--|--|---|---|---|--|
| | Under Section 501(c)(3) of the Internal Revenue Code | | | | Note: If exempt status is approved, this application will be open for public inspection. | |
| nizations Custom cations. If the req cation may be ret ach additional sh | eets to this application if you need more space | 0. Visit our we nitted with pay e to answer full | bsite at www.irs.gov for ment of the appropriate ly. Put your name and E | r forms and user fee, the IN on each s | e sheet and | |
| t I Identific | ation of Applicant | | | | | |
| Full name of orga | nization (exactly as it appears in your organizing | document) | 2 c/o Name (if applicable) | | | |
| Mailing address | (Number and street) (see instructions) | Room/Suite | 4 Employer Identification Nu | mber (EIN) | | |
| City or town, sta | te or country, and ZIP + 4 | | 5 Month the annual accounting period ends (01 - 12 | | | |
| Primary contact (officer, director, trustee, or authorized representative) a Name: | | entative) | b Phone: | | | |
| | | | c Fax: (optional) | | | |
| provide the auth representative's f | prized representative's name, and the name an firm. Include a completed Form 2848, Power o | id address of t fAttorney and | he authorized Declaration of | ☐ Yes | □ No | |
| representative lis the structure or a provide the perse | ted in line 7, paid, or promised payment, to he activities of your organization, or about your fin on's name, the name and address of the perso | ancial or tax m | e, or advise you about atters? If "Yes," | ☐ Yes | □ No | |
| Organization's w | ebsite: | | | | | |
| Organization's er | nail: (optional) | | | | | |
| are granted tax-e | exemption, are you claiming to be excused from | m filing Form 9 | 90 or Form 990-EZ? If | ☐ Yes | □ No | |
| Date incorporate | d if a corporation, or formed, if other than a co | propration. (N | 1M/DD/YYYY) / | / | | |
| | | | | ☐ Yes | □ No | |
| | ify each answer b at apply to you. Identific: Full name of orga Mailing address City or town, star City or town, star Primary contact i a Name: Are you represent provide the auth representative is the structure or a provide the perso promised to be p Organization's w Organization's w | ity each answer by Part and line number. Complete Parts I - XI at apply to you. I Identification of Applicant Full name of organization (exactly as it appears in your organizing Mailing address (Number and street) (see instructions) City or town, state or country, and ZIP + 4 Primary contact (officer, director, trustee, or authorized represent a Name: Are you represented by an authorized representative, such as a provide the authorized representative's name, and the name an representative's firm. Include a completed Form 2848, Power o Representative, with your application if you would like us to com- Was a person who is not one of your officers, directors, trustee representative listed in line 7, paid, or promised payment, to he the structure or activities of your organization, or about your flin provide the person's name, the name and address of the person promised to be paid, and describe that person's role. Organization's website: Organization's email: (optional) Certain organizations are not required to file an information reture "Yes," explain. See the instructions for a description of organiziton "Yes," explain. See the instructions for a description of organized Fundament and address of the person's name, the name and address of the are granted tax-exemption, are you claiming to be excused from "Yes," explain. See the instructions for a description of organized Fundament and the second for a magnetic to file an information reture of address for a description of organized and address for a description of organized are granted tax-exemption. Are you claiming to a description of organized form 990-EZ. | ify each answer by Part and line number. Complete Parts I - XI of Form 1023 at apply to you. I Identification of Applicant Full name of organization (exactly as it appears in your organizing document) Mailing address (Number and street) (see instructions) Room/Suite City or town, state or country, and ZIP + 4 Primary contact (officer, director, trustee, or authorized representative) a Name: Are you represented by an authorized representative, such as an attorney or a provide the authorized representative's name, and the name and address of th representative's firm. Include a completed Form 2848, Power of Attorney and Representative's firm. Include a completed Form 2849, Power of Attorney and Representative isted in line 7, paid, or promised payment, to help plan, manag the structure or activities of your organization, or about your financial or tax m provide the person's name, the name and address of the person's firm, the ar promised to be paid, and describe that person's role. Organization's website: Organization's email: (optional) Centain organizations are not required to file an information return (Form 900 o are granted tax-exemption, are you claiming to be excused from filing Form 9 "Yes," explain. See the instructions for a description of organizations not requ Form 90-EZ. Date incorporated if a corporation, or formed, if other than a corporation. (N Were you formed under the laws of a foreign country? | fy each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those S at apply to you. I Identification of Applicant Full name of organization (exactly as it appears in your organizing document) I a Co Name (if applica Mailing address (Number and street) (see instructions) Room/Suite 4 Employer identification Nu City or town, state or country, and ZIP + 4 5 Month the annual account Primary contact (officer, director, trustee, or authorized representative) a Name: b Phone: c Fax: (optional) Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2484, Power of Attorney and Declaration of Representative is the include a completed Form 2484, Power of Attorney and Declaration of Representative is fur include a completed Form 2484, Power of Attorney and Declaration of Representative is fur include a completed Form 2484, Power of Attorney and Declaration of Representative is of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. Organization's website: Organization's website: Organization's email: (optional) Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ. If "Yes," explain. See the instructions for a description of organizations not required to file Form 990-EZ. Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) / Were you formed under the laws of a foreign country? If "Yes," state the country. | Identification of Applicant Full name of organization (exactly as it appears in your organizing document) 2 c/o Name (if applicable) Mailing address (Number and street) (see instructions) Room/Suite 4 Employer identification Number (EIN) City or town, state or country, and ZIP + 4 5 Month the annual accounting period ends Primary contact (officer, director, trustee, or authorized representative) a Name: b Phone: Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," coptional) Yes Are you represented by an authorized representative, such as an attorney and Declaration of Representative's firm. Include a completed Form 2848, Power of Attorney and Declaration of Representative, with your application if you would like us to communicate with your representative. Yes Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative. Yes Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative. Yes Organization's website: Organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. Yes Organization's email: (optional) Certain organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be pai | |



Part IV Narrative Description of Your Activities

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Commentation and Other Financial Assessments Wilds Very Officers Directory Tourtees

Describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for **public inspection**. Therefore, your narrative description of activities should be thorough and accurate, Texas Association of Nonprofit Organizations -<u>www.tano.org</u> -<u>barry@tano.org</u> - 512-223-7076

The IRS guidelines suggest: "Describe completely and in detail your past, present, and planned activities. Do not refer to or repeat the purposes in your organizing document. You may refer to other parts of the application rather than repeat information provided elsewhere

- For each past, present, or planned activity, include information that answers the following questions:
- What is the activity?
- Who conducts the activity?
- When is the activity conducted?
- Where is the activity conducted (for example: Los Angeles and San Francisco, California)?
- *How does the activity further exempt purposes?*
- What percentage of your total time is allocated to the activity?
- How is the activity funded? (This should agree with the financial data in Part IX.)
- List any alternate names under which you operate, including any "aka" (also known as) or "dba" (doing business as) names.



Issues within IRS 1023

- Compensation & Other Financial Relationships (Part V)
- Member and Other Benefits (Part VI)
- Organization History Part VII)
- Your Specific Activities (Part VIII)

Financial Data (Part IX)



Issues within IRS 1023

- Financial Data Statement of Revenues & Expenses
 - If in existence 4 or more years provide 4 tax years.
 - more than 1 year but less than 4 years provide all in existence + budget to = 3 yrs
 - less than 1 year provide projections of likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information

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Issues within IRS 1023

- Public Charity Status (Part X)
 - To determine if private foundation or public charity

Appropriate Schedules

Fees

- \$750 if revenue \$10,000 + on average of 3 years
- \$300 if revenue less than \$10,000 on average of 3 years

Submit with payment





For assistance:

Outline of Incorporation & 501 (c) 3 Services attached to handouts

Barry Silverberg

President & CEO, Texas Association of Nonprofit Organizations (TANO)

& Director, Center for Community-Based & Nonprofit Organizations at Austin Community College

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