

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2010

|   |   |
|---|---|
| <b>Prepared for</b>                                 | Any Baby Can of Austin, Inc.<br>1121 E 7th St<br>Austin, TX 78702-3220  |
| <b>Prepared by</b>                                  | Pmb Helin Donovan, LLP<br>5918 Courtyard Drive, Ste. 400<br>Austin, TX 78730  |
| <b>Amount due or refund</b>                         | Not applicable  |
| <b>Make check payable to</b>                        | Not applicable  |
| <b>Mail tax return and check (if applicable) to</b> | Not applicable  |
| <b>Return must be mailed on or before</b>           | Not applicable  |
| <b>Special Instructions</b>                         | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. |

Return of Organization Exempt From Income Tax

2009

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

Form header section containing organization name (ANY BABY CAN OF AUSTIN, INC.), EIN (74-2684335), address (1121 E 7TH ST, AUSTIN, TX 78702), and principal officer (ELLEN BALTHAZAR).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

Signature block containing declaration of preparer, signature of officer (ELLEN BALTHAZAR), and preparer information (PMB HELIN DONOVAN, LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: PROVIDE EDUCATION, THERAPY, AND SUPPORT SERVICES FOR FAMILIES OF DISABLED, HIGH RISK AND CHRONICALLY ILL CHILDREN IN THE AUSTIN, TEXAS COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,766,412. including grants of \$ 193,272. ) (Revenue \$ 467,256. ) EACH YEAR, ANY BABY CAN BRINGS HELP AND HOPE TO MORE THAN 5,000 OF OUR COMMUNITY'S YOUNGEST, SICKEST, AND POOREST CHILDREN AND THEIR FAMILIES. WITH SERVICES RANGING FROM CASE MANAGEMENT, COUNSELING AND CRISIS ASSISTANCE TO PRENATAL, PARENTING AND CHILD ABUSE PREVENTION EDUCATION AND FAMILY LITERACY TRAINING. ANY BABY CAN OFFERS TOOLS AND TRAINING SO FAMILIES CAN PROVIDE A BETTER LIFE AND BRIGHTER FUTURE FOR THEIR CHILDREN. THROUGH ANY BABY CAN, PARENTS FIND THE HELP, HOPE AND GUIDANCE THEY NEED TO ENSURE THEIR CHILD HAS EVERY OPPORTUNITY TO REACH THEIR POTENTIAL.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 4,766,412.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational questions with 'X' marks in the Yes or No columns. Includes sub-rows 12A, 14a, 14b, 17, 18, 19, 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 21 through 38. Row 28 is shaded. Row 38 contains a note: 'Note. All Form 990 filers are required to complete Schedule O. [grid of 100 boxes]'

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2009) with various sections (1a-12b) for reporting tax compliance information, including employee counts, backup withholding, and charitable contributions.

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (27), 1b Enter the number of voting members that are independent (27), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X), 15b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (NONE), 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. (X) Own website, (X) Another's website, (X) Upon request, 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public., 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANA MARTINEZ - 512-334-4412, 1121 E 7TH ST, AUSTIN, TX 78702-3220

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees. See instructions for definition of "key employee."

List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)<br>Name and Title                 | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                                       |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| MARY MENDOZA<br>DIRECTOR              | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| GAYLE ROLLAND<br>PRESIDENT            | 1.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| JIM FLOYD<br>VICE PRESIDENT AND TREAS | 1.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| ELLEN BALTHAZAR<br>EXECUTIVE DIRECTOR | 40.00                         | X                                      |                       | X       |              |                              | 81,320. | 0.   | 4,725.  |   |
| RICH BEGGS<br>DIRECTOR                | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| SUSAN BOHN<br>DIRECTOR                | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| EDNA BUTTS<br>DIRECTOR                | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| MARY CARLSON<br>DIRECTOR              | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| JUDY CHAVIS<br>DIRECTOR               | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| CAROLINE CAVEN<br>DIRECTOR            | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| DOUG DIERKING<br>DIRECTOR             | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| SUSAN DIXON<br>DIRECTOR               | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| CHRIS ECKERMAN<br>DIRECTOR            | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| BILL FERRELL<br>DIRECTOR              | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| KATHY HAGGAR<br>DIRECTOR              | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| LESLEY HEMPFLING<br>DIRECTOR          | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| JONATHAN HINES<br>DIRECTOR            | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title        | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|                              |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| SCOTT INCERTO<br>DIRECTOR    | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| CAROLYN KRAWCZYK<br>DIRECTOR | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ALBERT LIN<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| MATT LYONS<br>SECRETARY      | 1.00                          | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| STEVE MIURA<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| LAURIE PARKER<br>DIRECTOR    | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| MARK PORTER<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ERIC PRICE<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| DIANA RESNIK<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| MARC VANDERSLICE<br>DIRECTOR | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Total</b>              |                               |  |                       |         |              |                              | 160,499. | 0.   | 14,821.   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                                     |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address                                 | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| BLUE CROSS BLUE SHIELD<br>P.O. BOX 660049, DALLAS, TX 75266-0049 | INSURANCE                      | 264,525.            |
| J.P. MORGAN CHASE<br>P.O. BOX 94016, PALATINE, IL 60094-4016     | CREDIT CARD PROVIDER           | 126,127.            |
|  |                                |                     |
|  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

| Part VIII Statement of Revenue                                |  | (A)<br>Total revenue                           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|---|--|--|---|---|--|--|
| Contributions, gifts, grants and other similar amounts        | 1 a Federated campaigns  | 1a   |   |   |  |  |
|   | b Membership dues  | 1b   |   |   |  |  |
|   | c Fundraising events   | 1c   |   |   |  |  |
|   | d Related organizations  | 1d   |   |   |  |  |
|   | e Government grants (contributions)  | 1e   | 3,157,369.                                      |   |  |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above   | 1f   | 1,669,758.                                      |   |  |  |
|   | g Noncash contributions included in lines 1a-1f: \$  |  | 193,272.  |   |  |  |
|   | h Total. Add lines 1a-1f   |  | 4,827,127.                                      |   |  |  |
|   | Program Service Revenue  | 2 a <b>MEDICAL BILLING</b>                     | Business Code<br>624100                         | 467,256.                                | 467,256.   |  |
| b   |  |  |   |   |  |  |
| c   |  |  |   |   |  |  |
| d   |  |  |   |   |  |  |
| e   |  |  |   |   |  |  |
| f All other program service revenue                           |  |  |   |   |  |  |
| g Total. Add lines 2a-2f                                      |  |  | 467,256.  |   |  |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other similar amounts)   |  |   |   |  |  |
|   | 4 Income from investment of tax-exempt bond proceeds   |  |   |   |  |  |
|   | 5 Royalties  |  |   |   |  |  |
|   | 6 a Gross Rents  | (i) Real                                       |   |   |  |  |
|   |  | (ii) Personal                                  |   |   |  |  |
|   |  | b Less: rental expenses                        |   |   |  |  |
|   |  | c Rental income or (loss)                      |   |   |  |  |
|   | d Net rental income or (loss)  |  |   |   |  |  |
|   | 7 a Gross amount from sales of assets other than inventory   | (i) Securities                                 |   |   |  |  |
|   |  | (ii) Other                                     |   |   |  |  |
|   |  | b Less: cost or other basis and sales expenses |   |   |  |  |
|   |  | c Gain or (loss)                               |   |   |  |  |
|   | d Net gain or (loss)   |  |   |   |  |  |
|   | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  | 311,296.  |   |  |  |
|   |  | b Less: direct expenses                        | b   | 50,291.                                 |  |  |
| c Net income or (loss) from fundraising events                |  |  | 261,005.  |   | 261,005.   |  |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a  |  |   |   |  |  |
|   | b Less: direct expenses  | b  |   |   |  |  |
|   | c Net income or (loss) from gaming activities  |  |   |   |  |  |
| 10 a Gross sales of inventory, less returns and allowances    | a  |  |   |   |  |  |
|   | b Less: cost of goods sold   | b  |   |   |  |  |
|   | c Net income or (loss) from sales of inventory   |  |   |   |  |  |
| Miscellaneous Revenue   |  | Business Code                                  |   |   |  |  |
| 11 a <b>MISCELLANEOUS</b>                                     | 900099   | 6,534.   |   | 6,534.                                  |  |  |
| b   |  |  |   |   |  |  |
| c   |  |  |   |   |  |  |
| d All other revenue   |  |  |   |   |  |  |
| e Total. Add lines 11a-11d                                    |  | 6,534.   |   |   |  |  |
| 12 Total revenue. See instructions.                           |  | 5,561,922.                                     | 467,256.  | 0.                                      | 267,539.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....   | 193,272.              | 193,272.                        |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....  | 160,499.              | 143,238.                        | 2,929.                                 | 14,332.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....  | 3,405,553.            | 3,058,146.                      | 58,949.                                | 288,458.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....   |                       |                                 |  |                             |
| 9 Other employee benefits .....   | 330,010.              | 297,149.                        | 4,470.                                 | 28,391.                     |
| 10 Payroll taxes .....  | 292,389.              | 260,575.                        | 6,648.                                 | 25,166.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  | 26,920.               | 25,356.                         | 369.                                   | 1,195.                      |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....   |                       |                                 |  |                             |
| f Investment management fees .....  |                       |                                 |  |                             |
| g Other .....   | 94,617.               | 84,629.                         | 90.                                    | 9,898.                      |
| 12 Advertising and promotion .....  | 7,105.                | 5,860.                          | 727.                                   | 518.                        |
| 13 Office expenses .....  | 196,966.              | 133,351.                        | 11,672.                                | 51,943.                     |
| 14 Information technology .....   |                       |                                 |  |                             |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 87,472.               | 71,943.                         | 4,923.                                 | 10,606.                     |
| 17 Travel .....   | 142,069.              | 137,527.                        | 1,749.                                 | 2,793.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   | 36,740.               | 27,033.                         | 2,261.                                 | 7,446.                      |
| 20 Interest .....   | 30,815.               | 26,193.                         | 616.                                   | 4,006.                      |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 76,868.               | 66,327.                         | 2,702.                                 | 7,839.                      |
| 23 Insurance .....  | 31,296.               | 27,691.                         | 631.                                   | 2,974.                      |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  |                       |                                 |  |                             |
| a <b>CLIENT ASSISTANCE</b> .....  | 162,802.              | 161,133.                        | 9.                                     | 1,660.                      |
| b <b>BAD DEBT EXPENSE</b> .....   | 65,509.               |                                 |  | 65,509.                     |
| c <b>PROGRAM MATERIALS</b> .....  | 39,641.               | 39,430.                         |  | 211.                        |
| d <b>BANK FEES</b> .....  | 12,869.               |                                 | 3,175.                                 | 9,694.                      |
| e <b>MISC. EXPENSES</b> .....   | 12,190.               | 3,743.                          | 7,679.                                 | 768.                        |
| f All other expenses .....  | 7,756.                | 3,816.                          | 2,295.                                 | 1,645.                      |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f  | 5,413,358.            | 4,766,412.                      | 111,894.                               | 535,052.                    |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation <input type="checkbox"/> |                       |                                 |  |                             |

Part X Balance Sheet

|                             |  | (A)<br>Beginning of year   |            | (B)<br>End of year |            |            |
|-----------------------------|--|--|------------|--------------------|------------|------------|
| Assets                      | 1  | Cash - non-interest-bearing .....  | 149,010.   | 1                  | 163,235.   |            |
|                             | 2  | Savings and temporary cash investments .....   | 458,925.   | 2                  | 155,058.   |            |
|                             | 3  | Pledges and grants receivable, net .....   | 697,310.   | 3                  | 995,495.   |            |
|                             | 4  | Accounts receivable, net .....   | 122,039.   | 4                  | 76,522.    |            |
|                             | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....                  |            | 5                  |            |            |
|                             | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....     |            | 6                  |            |            |
|                             | 7  | Notes and loans receivable, net .....  |            | 7                  |            |            |
|                             | 8  | Inventories for sale or use .....  |            | 8                  |            |            |
|                             | 9  | Prepaid expenses and deferred charges .....  | 1,005.     | 9                  | 198.       |            |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....  | 10a        | 2,280,894.         |            |            |
|                             | b  | Less: accumulated depreciation .....   | 10b        | 800,397.           | 10c        | 1,480,497. |
|                             | 11   | Investments - publicly traded securities .....   |            |                    | 11         |            |
|                             | 12   | Investments - other securities. See Part IV, line 11 .....   | 133,959.   | 12                 | 138,026.   |            |
|                             | 13   | Investments - program-related. See Part IV, line 11 .....  |            |                    | 13         |            |
|                             | 14   | Intangible assets .....  |            |                    | 14         |            |
|                             | 15   | Other assets. See Part IV, line 11 .....   |            |                    | 15         |            |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) □□□□□□□□□□  | 3,068,132.   | 16         | 3,009,031.         |            |            |
| Liabilities                 | 17   | Accounts payable and accrued expenses .....  | 237,947.   | 17                 | 320,263.   |            |
|                             | 18   | Grants payable .....   |            | 18                 |            |            |
|                             | 19   | Deferred revenue .....   | 278,665.   | 19                 |            |            |
|                             | 20   | Tax-exempt bond liabilities .....  |            | 20                 |            |            |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D .....  |            | 21                 |            |            |
|                             | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... |            | 22                 |            |            |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties .....   | 445,527.   | 23                 | 430,144.   |            |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties .....   |            | 24                 |            |            |
|                             | 25   | Other liabilities. Complete Part X of Schedule D .....   |            | 25                 |            |            |
| 26                          | <b>Total liabilities.</b> Add lines 17 through 25 □□□□□□□□□□□□□□□□   | 962,139.   | 26         | 750,407.           |            |            |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |  |            |                    |            |            |
|                             | 27   | Unrestricted net assets .....  | 1,021,097. | 27                 | 1,196,222. |            |
|                             | 28   | Temporarily restricted net assets .....  | 927,592.   | 28                 | 905,098.   |            |
|                             | 29   | Permanently restricted net assets .....  | 157,304.   | 29                 | 157,304.   |            |
|                             | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |  |            |                    |            |            |
|                             | 30   | Capital stock or trust principal, or current funds .....   |            | 30                 |            |            |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund .....   |            | 31                 |            |            |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds .....   |            | 32                 |            |            |
| 33                          | <b>Total net assets or fund balances</b> .....   | 2,105,993.   | 33         | 2,258,624.         |            |            |
| 34                          | <b>Total liabilities and net assets/fund balances</b> □□□□□□□□□□□□□□□□   | 3,068,132.   | 34         | 3,009,031.         |            |            |

**Part XI Financial Statements and Reporting**

|   |  | Yes | No |
|---|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b>   | Were the organization's financial statements compiled or reviewed by an independent accountant? .....  |     | X  |
| <b>2b</b>   | Were the organization's financial statements audited by an independent accountant? .....   | X   |    |
| <b>2c</b>   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....   | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |  |     |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     |    |
| <b>3a</b>   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....   | X   |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  | X   |    |

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **ANY BABY CAN OF AUSTIN, INC.** Employer identification number **74-2684335**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....   |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 3454020. | 3395355. | 766,458. | 4323796. | 4827127. | 16766756. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  | 3454020. | 3395355. | 766,458. | 4323796. | 4827127. | 16766756. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          | 16766756. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  | 3454020. | 3395355. | 766,458. | 4323796. | 4827127. | 16766756. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 13,501.  | 7,144.   | 660.     | 882.     |          | 22,187.   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                               | 1,462.   | 3,130.   | 227.     | 5,091.   | 6,534.   | 16,444.   |
| 11 Total support. Add lines 7 through 10   |          |          |          |          |          | 16805387. |

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

|   |    |       |                                     |
|---|----|-------|-------------------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))   | 14 | 99.77 | %                                   |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14   | 15 | 98.48 | %                                   |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |    |       | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |    |       | <input type="checkbox"/>            |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    |    |       | <input type="checkbox"/>            |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |    |       | <input type="checkbox"/>            |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |    |       | <input type="checkbox"/>            |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ANY BABY CAN OF AUSTIN, INC.

Employer identification number

74-2684335

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year .....   |  |                              |
| 2 Aggregate contributions to (during year) .....  |  |                              |
| 3 Aggregate grants from (during year) .....   |  |                              |
| 4 Aggregate value at end of year .....  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space   |  |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 157,304.         | 157,304.       |                    |                      |                     |
| b Contributions                                  |                  | 2,846.         |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  | -2,846.        |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 157,304.         | 157,304.       |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | X   |    |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 233,198.                        |                              | 233,198.       |
| b Buildings  |                                      | 1,566,949.                      | 511,700.                     | 766,552.       |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 369,112.                        | 226,264.                     | 369,112.       |
| e Other <input type="checkbox"/>   |                                      | 111,635.                        | 62,433.                      | 111,635.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 1,480,497.     |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1: Federal income taxes.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 5,561,922. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 5,413,358. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 148,564.   |
| 4  | Net unrealized gains (losses) on investments   | 4  | 4,067.     |
| 5  | Donated services and use of facilities   | 5  |            |
| 6  | Investment expenses  | 6  |            |
| 7  | Prior period adjustments   | 7  |            |
| 8  | Other (Describe in Part XIV.)  | 8  |            |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 4,067.     |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 152,631.   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 5,565,989. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains on investments   | 2a | 4,067.     |
| b | Donated services and use of facilities  | 2b |            |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV.)   | 2d |            |
| e | Add lines 2a through 2d   | 2e | 4,067.     |
| 3 | Subtract line 2e from line 1  | 3  | 5,561,922. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |
| b | Other (Describe in Part XIV.)   | 4b |            |
| c | Add lines 4a and 4b   | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 5,561,922. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 5,413,358. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a |            |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIV.)  | 2d |            |
| e | Add lines 2a through 2d  | 2e | 0.         |
| 3 | Subtract line 2e from line 1   | 3  | 5,413,358. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |
| b | Other (Describe in Part XIV.)  | 4b |            |
| c | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 5,413,358. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: ANY BABY CAN MAINTAINS ONE ENDOWMENT FUND ESTABLISHED FOR**

**THE BENEFIT OF CHILDREN IN THE AUSTIN COMMUNITY NOW AND IN THE FUTURE.**

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## Supplemental Information Regarding Fundraising or Gaming Activities

2009

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Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

|  |  |
|--|--|
| Name of the organization<br><div style="text-align: center;"><b>ANY BABY CAN OF AUSTIN, INC.</b></div> | Employer identification number<br><div style="text-align: center;"><b>74-2684335</b></div> |
|--|--|

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>                                  |               |  | ▶  |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2                       | (c) Other events    | (d) Total events<br>(add col. (a) through col. (c)) |            |
|-----------------|----|---|------------------------------------|---------------------|---|------------|
|                 |    | ROCKIN' ROUND<br>-UP<br>(event type)                        | HARVEST<br>CLASSIC<br>(event type) | 4<br>(total number) |   |            |
| Revenue         | 1  | Gross receipts  | 159,405.                           | 52,820.             | 99,071.   | 311,296.   |
|                 | 2  | Less: Charitable contributions                              |                                    |                     |   |            |
|                 | 3  | Gross income (line 1 minus line 2)                          | 159,405.                           | 52,820.             | 99,071.   | 311,296.   |
| Direct Expenses | 4  | Cash prizes   |                                    |                     |   |            |
|                 | 5  | Noncash prizes  |                                    |                     |   |            |
|                 | 6  | Rent/facility costs   | 19,579.                            |                     | 3,312.  | 22,891.    |
|                 | 7  | Food and beverages  |                                    |                     |   |            |
|                 | 8  | Entertainment   |                                    |                     |   |            |
|                 | 9  | Other direct expenses                                       | 21,543.                            |                     | 5,857.  | 27,400.    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |                                    |                     |   | ( 50,291 ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |                                    |                     |   | 261,005.   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo             | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|-----------------------|---|---|---|
|                 |   | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2   | Cash prizes           |   |   |   |
|                 | 3   | Noncash prizes        |   |   |   |
|                 | 4   | Rent/facility costs   |   |   |   |
|                 | 5   | Other direct expenses |   |   |   |
|                 | 6   | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)       |                       |   |   | ( )   |
| 8               | Net gaming income summary. Combine line 1, column (d), and line 7 |                       |   |   |   |

|  | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____   |     |    |
| a Is the organization licensed to operate gaming activities in each of these states? _____   | 9a  |    |
| b If "No," explain:<br>_____   |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____   | 10a |    |
| b If "Yes," explain:<br>_____  |     |    |
| 11 Does the organization operate gaming activities with nonmembers? _____  | 11  |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____ | 12  |    |

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |
- b** An outside facility ..... 

|            |  |   |
|------------|--|---|
| <b>13b</b> |  | % |
|------------|--|---|

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ANY BABY CAN OF AUSTIN, INC.**

**Employer identification number**

**74-2684335**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed  ▶

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |

**2** Enter total number of section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance              |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---|
| CRISIS ASSISTANCE               | 500                      | 162,803.                 | 193,272.                          | FMV   | CLOTHING, BABY SUPPLIES, AND OTHER HOUSEHOLD ITEMS. |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE GRANTS ARE MONITORED ON A MONTHLY BASIS,  
 COMPARING ALLOWABLE EXPENSES TO APPROVED LINE ITEM BUDGETS. ELIGIBILITY  
 REQUIREMENTS ARE CHECKED AND APPROVED BY PROGRAM DIRECTORS AND PROGRAM  
 SUPERVISORS.

**SCHEDULE J-2**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the Organization

**ANY BABY CAN OF AUSTIN, INC.**

Employer Identification number

**74-2684335**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                            |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| LESLIE WALTERS<br>DIRECTOR | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANA MARTINEZ<br>CFO        | 40.00                         |  |                       | X       |              |                              |        | 79,179.  | 0.  | 10,096.   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |
|                            |                               |  |                       |         |              |                              |        |  |   |   |

932201 02-02-10

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization **ANY BABY CAN OF AUSTIN, INC.** Employer identification number **74-2684335**

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>revenues |
|---|-------------------------------|-----------------------------------|---|--|
| 1 Art - Works of art .....  |                               |                                   |   |  |
| 2 Art - Historical treasures .....                                    |                               |                                   |   |  |
| 3 Art - Fractional interests .....                                    |                               |                                   |   |  |
| 4 Books and publications .....  |                               |                                   |   |  |
| 5 Clothing and household goods .....                                  | X                             |                                   | 193,272.  | FMV                                      |
| 6 Cars and other vehicles .....                                       |                               |                                   |   |  |
| 7 Boats and planes .....  |                               |                                   |   |  |
| 8 Intellectual property .....   |                               |                                   |   |  |
| 9 Securities - Publicly traded .....                                  |                               |                                   |   |  |
| 10 Securities - Closely held stock .....                              |                               |                                   |   |  |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |                                   |   |  |
| 12 Securities - Miscellaneous .....                                   |                               |                                   |   |  |
| 13 Qualified conservation contribution -<br>Historic structures ..... |                               |                                   |   |  |
| 14 Qualified conservation contribution - Other .....                  |                               |                                   |   |  |
| 15 Real estate - Residential .....                                    |                               |                                   |   |  |
| 16 Real estate - Commercial .....                                     |                               |                                   |   |  |
| 17 Real estate - Other .....  |                               |                                   |   |  |
| 18 Collectibles .....   |                               |                                   |   |  |
| 19 Food inventory .....   |                               |                                   |   |  |
| 20 Drugs and medical supplies .....                                   |                               |                                   |   |  |
| 21 Taxidermy .....  |                               |                                   |   |  |
| 22 Historical artifacts .....   |                               |                                   |   |  |
| 23 Scientific specimens .....   |                               |                                   |   |  |
| 24 Archeological artifacts .....                                      |                               |                                   |   |  |
| 25 Other ▶ ( _____ )  |                               |                                   |   |  |
| 26 Other ▶ ( _____ )  |                               |                                   |   |  |
| 27 Other ▶ ( _____ )  |                               |                                   |   |  |
| 28 Other ▶ ( _____ )  |                               |                                   |   |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....  |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ANY BABY CAN OF AUSTIN, INC.

Employer identification number

74-2684335

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ILL CHILDREN IN THE AUSTIN, TEXAS COMMUNITY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ANY BABY CAN OF AUSTIN RECEIVED A GRANT FROM THE TEXAS DEPARTMENT OF  
HOUSING AND COMMUNITY AFFAIRS TO DELIVER THE HOMELESSNESS PREVENTION  
AND RAPID RE-HOUSING PROGRAM FOR 2009-2010.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS THE  
AUDIT REPORT. THE EXECUTIVE COMMITTEE REVIEWS THE 990 ANNUAL REPORT. EACH  
BOARD MEMBER RECEIVES A COPY OF THE APPROVED REPORT ONCE REVIEWED.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE ANNUAL MEETING OF THE  
ORGANIZATION, OCCURRING EVERY AUGUST, MEMBERS OF THE BOARD OF DIRECTORS ARE  
REQUIRED TO SIGN A DOCUMENT STATING THEY REVIEWED THE CONFLICT OF INTEREST  
POLICY AND DECLARE ANY POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE PERFORMS AN  
ANNUAL EVALUATION FOR THE EXECUTIVE DIRECTOR AND DETERMINES SALARY AT THAT  
POINT. A SALARY SURVEY IS CONDUCTED EACH YEAR BY THE HUMAN RESOURCES  
MANAGER TO COMPARE AREA NONPROFIT SALARIES.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT  
OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE UPON  
REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE  
ORGANIZATION'S WEBSITE. THE FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG, AS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ANY BABY CAN OF AUSTIN, INC.

Employer identification number

74-2684335

WELL.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning SEP 1, 2009, and ending AUG 31, 2010

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**ANY BABY CAN OF AUSTIN, INC.**

**74-2684335**

Name and title of officer

**ELLEN BALTHAZAR  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |   |                          |
|---|---|--------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>5561922</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance Due (Form 8868, line 3c) .....                                 | <b>5b</b> _____          |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize PMB HELIN DONOVAN, LLP to enter my PIN 53348  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 13041053348  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**