Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 b Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the 2	016 calendar year, or tax year beginning $$ SEP 1 , $$ $$ $$ $$ $$ 20 $$ 16 $$ $$ and ending	AUG 31, 2017	
B 0	heck if	C Name of organization	D Employer identifi	cation number
а	pplicable:			
	Address change	ANY BABY CAN OF AUSTIN, INC.		
	Name change	Doing business as	**_*	**4335
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Final return/	6207 SHERIDAN AVENUE	512-	454-3743
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,750,981.
X	Amended return		H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: VERONDA DURDEN	for subordinates	? Yes X No
-			H(b) Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. (see instructions)
_		▶ WWW.ANYBABYCAN.ORG	H(c) Group exemption	
Street, or other Designation of the last			ear of formation: 1993	M State of legal domicile; $\mathbf{T}\mathbf{X}$
Pa		Summary		
ø	1 Br	iefly describe the organization's mission or most significant activities: PROVIDE	EDUCATION, TH	ERAPY, AND
anc		UPPORT SERVICES FOR FAMILIES OF DISABLED, H		
Governance	l .	neck this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
300			3	25
8		ımber of independent voting members of the governing body (Part VI, line 1b)		25
ies		tal number of individuals employed in calendar year 2016 (Part V, line 2a)		116
Activities &		tal number of volunteers (estimate if necessary)		163
Ac	1	tal unrelated business revenue from Part VIII, column (C), line 12		0.
	b Ne	et unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ne	1	ontributions and grants (Part VIII, line 1h)	6,811,448.	5,980,661.
Revenue	ı	ogram service revenue (Part VIII, line 2g)	1,228,437.	1,341,961.
Re	ı	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	346,560.	299,170.
	ı	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,398,340.	7,666,073.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	310,014.	318,240.
		enefits paid to or for members (Part IX, column (A), lines 1-3)	0.	0.
(0		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,572,041.	5,984,177.
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
pen	h To	tal fundraising expenses (Part IX, column (D), line 25) 590,866.		
Ж		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,046,335.	1,912,436.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,928,390.	8,214,853.
	1	evenue less expenses. Subtract line 18 from line 12	469,950.	<548,780.>
or	10 110		Beginning of Current Year	End of Year
Net Assets Fund Baland		tal assets (Part X, line 16)	5,676,843.	5,155,769.
ASS d Ba		tal liabilities (Part X, line 26)	482,993.	510,699.
Pun		et assets or fund balances. Subtract line 21 from line 20	5,193,850.	4,645,070.
	rt II	Signature Block		
Unde	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge. ,	
		Vernan Lemmen	4-	29-19
Sigr	ո 📗	Signature of officer	Date	
Her	e	VERONDA DURDEN, PRESIDENT/CEO		
		Type or print name and title		Partial I
		rint/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	_	IMOTHY F. DOWLING, CPA/P	04/29/19 self-employ	
	×	rm's name WEAVER AND TIDWELL, LLP	Firm's EIN ▶	**-***6316
Use	Only Fi	rm's address 1601 S. MOPAC EXPY, STE. D250		2 600 1000
		AUSTIN, TX 78746	Phone no.51	2-609-1900
May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

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Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		····
•	PROVIDE EDUCATION, THERAPY, AND SUPPORT SERVICES FOR	FAMILIES OF	
	DISABLED, HIGH RISK AND CHRONICALLY ILL CHILDREN IN T		7 C
		HE AUSIIN, IEA	Ab
	COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on th		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes	X No
•			140
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	•	
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7 , 498 , 381 • including grants of \$ 318 , 240 •) (F	Revenue \$ 1,344,	
	EACH YEAR, ANY BABY CAN BRINGS HELP AND HOPE TO MORE	THAN 428 OF OU	R
	COMMUNITY'S YOUNGEST, SICKEST, AND POOREST CHILDREN A	ND THEIR FAMIL	IES.
	WITH SERVICES RANGING FROM CASE MANAGEMENT, COUNSELING		
	ASSISTANCE TO PRENATAL, PARENTING AND CHILD ABUSE PRE		TON
	AND FAMILY LITERACY TRAINING. ANY BABY CAN OFFERS TOO		
	FAMILIES CAN PROVIDE A BETTER LIFE AND BRIGHTER FUTURE		<u> </u>
	CHILDREN. THROUGH ANY BABY CAN, PARENTS FIND THE HELP		
	GUIDANCE THEY NEED TO ENSURE THEIR CHILD HAS EVERY OP:	PORTUNITY TO R	EACH_
	THEIR POTENTIAL.		
	(Code:) (Expenses \$ including grants of \$) (F		<u> </u>
4b	(Code:) (Expenses \$) (Figure 1) (Code:) (Expenses \$)	Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
		_	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 7,498,381.		
		Form 9	90 (2016)

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Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х

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complete Schedule G, Part III

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Part IV | Checklist of Required Schedules (continued) Yes No X **20a** Did the organization operate one or more hospital facilities? *If* "Yes." *complete Schedule H* 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O

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Check if Schedule O contains a response or note to any line in the Part V 1a Enter the number reported in Box 3 of Form 1008. Enter 0 if not applicable 1a 55 5 6 1b 00 0 2b Enter the number of Forms W2G included in line 1a. Enter 0 if not applicable 1b 00 0 2b Check the number of Forms W2G included in line 1a. Enter 0 if not applicable 1b 00 0 2c Check the number of Forms W2G included in line 1a. Enter 0 if not applicable 1b 00 0 2c Check the number of remployees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 116 0 3c Check the number of remployees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 116 0 3c Check the number of remployees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 116 0 3c Check the number of remployees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 116 0 3c Check the number of the all singuistic part of the vacance of the number of the elementary care included and 2a is greater than 350, our may be required to e-five eight entractions) 3a 3c 116 0 3c Check the neare of the foregree outs of the properties account in Schedule 0 3b 1 1 1 1 1 1 1 1 1	Par	Statements Regarding Other IRS Filings and Tax Compliance				
1a Enter the number reported in Box 3 of Form 1096. Enter -0 in not applicable 10 10 0 0 0 10 inter the number of Form 8 V42 facileded in line 1a. Enter -0 into applicable 10 10 0 0 10 interest in the protein of Form 8 V42 faciled in line 1a. Enter -0 into applicable 10 into a protein without a protein with a protein of Form V43. Transmittal of Wage and Tax Statements, 2 116 2 115 1 116		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u></u>	<u> </u>
b Enter the number of Forms W26 included in line 1a. Enter of Jin not applicable 1			E E		Yes	No
Committed in the form the form to receive the form to the section of the section						
a Either the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 116						
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Red for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a I X b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule C 3b I A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Such as a bank account, securities account, or other financial account in a foreign country. ▶ 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file form 898-817 6c I "Yes," to line 5a or 5b, did the organization file form 898-817 6d Does the organization have amula gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a V Y organization that many receive deductible contributions? 6b If "Yes," did the organization in incide with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c I bid the organization receive a payment in excess of \$75 made party by a prohibited than the such as of \$75 made party by a prohibited than \$75 to \$75	С			10		
field for the calendar year ending with or within the year covered by this return. 116	22			10		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a IV 19 (*Yes,* has it filed a Form 990-Ti or this year? If *Yes,* it has it filed a Form 990-Ti or this year? If *Yes,* it has it filed a Form 990-Ti or this year? If *Yes,* it has it filed a Form 990-Ti or this year? If *Yes,* it has a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country *Xes 5b If Yes,* it has the organization have a bank account, securities account, or other financial account; (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Se Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Se Organization shelt a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or 95, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 6c Organizations that many receive deductible contributions under section 170(c). 8d If Yes,* did the organization notify the donor of the value of the goods or services provided? 8d If Yes,* did the organization neceive apartment in excess of 3/5 made party as a contribution of quantization receive alignment and party for goods and services provided to the payor? 7b If Yes,* did the organization neceive apartment in excess of 3/5 made party as a contribution of years. 8d If Yes,* direct the contract? 7d If Yes,* direct t	Za		116			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," set if filed a Form 990 T for this year? If "No," to line \$b, provide an explanation in Schedule O 3b If "Yes," either the name of the foreign country. ▶ 5a If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ▶ 5a If "Yes," either the name of the foreign country. ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," in line \$a or \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," this say or \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," the line \$a or \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or the value of the organization and party for goods and services provided to the payor? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization state was experient in excess of \$75 made party as contribution of organization and party for goods and services provided to the payor? 7c If Yes," did the organization netwice discovery of the value of the goods or services provided? 7c If Ye	h			2h	X	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if Yes, "has it filed a Form 990°T for this year? if "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b if Yes, "enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5c in Yes, "to line 5a or 5b, did the organization file Form 8886 1? 6b If Yes, "to line 5a or 5b, did the organization file Form 8886 1? 6c in Yes, "to line 5a or 5b, did the organization file Form 8886 1? 6c in Yes, "to line 5a or 5b, did the organization file Form 8886 1? 6d if Yes, "to line 5a or 5b, did the organization file Form 8886 1? 6d if Yes, "to line the very accidation and party or property of the organization solicities are not tax deductible? 6d if Yes, "to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6d if Yes, "did the organization receive apayment in excess of 55 made party as a contribution and party for goods and services provided to the payor? 7a If Yes, "did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d if Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b If Yes, "did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7c Sponsoring organization have excess business holdings at any time during the year? 9c Sponsoring organization make a distribution to under section 4966? 9c	b	, , , , , , , , , , , , , , , , , , , ,		20		
b if Yes, *has it filed a Form 990-T for this year? If *No, *to line 3b, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the activation of the during the tax year? 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the activation of the during the statement that such contributions or gifts were not tax deductibles? 5c Organizations that may receive deductible contributions under section 170(c). 6c Organizations that may receive deductible contributions under section 170(c). 6c Organizations that may receive apyment in excess of \$75 made party as contribution and party for goods and services provided to the party of 16 freezive and party and the organizations or level and the party of the vary and the organization or level and the party of the vary and the organization organization or orthy the during the year pay permitums on a personal benefit contract? 7c X 7d If the organization received any funds, directly or indirectly, on a perso	3a			3а		х
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. I Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,		9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11a						
a Initiation fees and capital contributions included on Part VIII, line 12						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 1s the organization licensed to issue qualified health plans in more than one state? 13a 13a 13b 13b 13c 14a 15c 15c 16c 16c 16c 16c 16c 16c 16c 16c 16c 16						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 Enter the amount of reserves on hand 15 Enter the amount of reserves on hand 15 Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b				14-		Y
			·····-			<u> </u>
	a	ii res, has it lieu a Form (20 to report these payments (11 ivo, provide an explanation in Schedule O			990	(2016)

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25	5		
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHRISTOPHER ADAMS - 512-334-4445			
	6207 SHERTDAN AVE AUSTIN TX 78723			

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l		((C)		, iou	(D)	(E)	(F)	
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JOHN A. MILLER	40.00	, .		ν,				126 040	0	0	
PRESIDENT AND CEO	45.00	Х		Х				126,040.	0.	0.	
(2) CHRISTOPHER ADAMS CHIEF FINANCIAL OFFICER	45.00	Х		x				96,000.	0.	0.	
(3) ALEXANDRA ALFAU	40.00	^		₽				30,000.	0.	<u> </u>	
CHIEF PROGRAMS OFFICER	40.00	X		х				100,000.	0.	0.	
(4) GREG VAN WYK	2.00										
OFFICER		х		x				0.	0.	0.	
(5) BRIAN BURGESS	2.00										
OFFICER		Х		х				0.	0.	0.	
(6) MATT BURNS	2.00										
BOARD TREASURER		Х		Х				0.	0.	0.	
(7) MARJORIE CLIFTON	2.00										
DIRECTOR		Х		Х				0.	0.	0.	
(8) ED FUENTES	2.00							_	_	_	
DIRECTOR		Х		Х				0.	0.	0.	
(9) SHAFEEQA GIARRATANI	2.00			l					•	•	
DIRECTOR		Х		Х				0.	0.	0.	
(10) TIWANNA KENNEY	2.00								0	•	
DIRECTOR	2 00	Х		Х				0.	0.	0.	
(11) JAY LAMY	2.00	X		\ \					0	^	
DIRECTOR (12) LARATHE MOTHER PROPERTY.	2.00	Α.		Х				0.	0.	0.	
(12) LARAINE MCINTYRE DIRECTOR	2.00	Х		x				0.	0.	0.	
(13) CHRIS MOOSE	2.00	^		<u> </u>				0.	0.	•	
BOARD CHAIR	2.00	x		х				0.	0.	0.	
(14) WADE MORGAN	2.00			1					•		
BOARD SECRETARY		x		x				0.	0.	0.	
(15) LEO ORTEGA	2.00										
DIRECTOR		х		x				0.	0.	0.	
(16) EILEEN MCPHILLIPS PORTNER	2.00										
DIRECTOR		Х		х				0.	0.	0.	
(17) RUTH RECHIS, PHD.	2.00										
DIRECTOR		Х		Х				0.	0.	0.	
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Part VII Section A. Officers, Directors, Tru	stees Kev Fm	nlov	/PPS	an	d Hi	ahe	st C	omnensated Employe	es (continued)	Tage C
(A)	(B)) 	-	((90	<u> </u>	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) KAREN SHERRIFF	2.00									_
DIRECTOR		Х		Х				0.	0.	0.
(19) SHELLEY SZUCS	2.00							_	_	_
DIRECTOR		Х		Х				0.	0.	0.
(20) ANNA TORMA	2.00									
BOARD VICE-CHAIR		Х		Х				0.	0.	0.
(21) JUAN TORNOE	2.00									
DIRECTOR		Х		Х				0.	0.	0.
(22) ALLYSON COLLINS	2.00									
OFFICER				Х				0.	0.	0.
(23) DAVID DESTEFANO	2.00									
OFFICER				Х				0.	0.	0.
(24) KATHRYN ENGELHARDT-CRONK	2.00									
OFFICER				Х				0.	0.	0.
(25) CHRISTIE GARBE	2.00									
OFFICER				Х				0.	0.	0.
(26) MARK GUNN, M.D.	2.00									
OFFICER				Х				0.	0.	0.
1b Sub-total								322,040.	0.	0.
c Total from continuation sheets to Part V	II, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)								322,040.	0.	0.

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

Yes No X 3 Х

X

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line 1a? If "Yes," complete Schedule J for such individual 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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNITED HEALTHCARE INSURANCE COMPANY		
PO BOX 30607, SALT LAKE CITY, UT 84130	INSURANCE PROVIDER	481,665.
COMMUNITIES IN SCHOOLS, 3000 S IH FRONTAGE		
RD. #200, AUSTIN, TX 78704	GENERAL CONTRACTOR	342,433.
JPMORGAN CHASE		
PO BOX 94016, PALATINE, IL 60094	CREDIT CARD PROVIDER	186,564.
ADVANCE		
4900 GONZALES ST. #116, AUSTIN, TX 78702	GENERAL CONTRACTOR	152,172.
YMCA OF AUSTIN	COMMUNITY	
3208 RED RIVER ST #200, AUSTIN, TX 78705	ORGANIZATION	100,320.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours			(C Posi	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) KIMBERLY LEVINSON DFFICER	2.00			x				0.	0.	0
(28) NORBI ZYLBERGERG	2.00			21				•	•	
DFFICER				х				0.	0.	0

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Pa	t VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h c d e	All other contributions, gifts, grants, and similar amounts not included above	Business Code 624100 900099	5,980,661.		revenue	200.
		Total. Add lines 2a-2f		1,341,961.			
	3 4 5	Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond properties	est, and proceeds	41,131.			41,131.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities	(ii) Other 3,150.				
		Gain or (loss)	3,150.	3,150.	3,150.		
Other Revenue	а 8 а	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a	384,078.		3,130.		
Ę.		Less: direct expenses b	84,908.				
)	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		299,170.			299,170.
		Less: direct expenses b Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowancesa Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	•				
		Miscellaneous Revenue	Business Code				
	11 a b c						
		All other revenue					
	12	Total revenue. See instructions.		7,666,073.	1,344,911.	0.	340,501.
63200	9 11-11						Form 990 (2016)

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Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp		ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	318,240.	318,240.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	5,100,511.	4,622,900.	79,805.	397,806
7	Other salaries and wages Pension plan accruals and contributions (include	J, 100, J11.	- , 0 <u>4</u> <u>4</u> , 3 0 0 •	19,003.	391,000
8	section 401(k) and 403(b) employer contributions)				
9		477,241.	432,552.	7,467.	37,222
10	Other employee benefits Payroll taxes	406,425.	368,367.	6,359.	31,699
11	Fees for services (non-employees):	100/1231	30073071	0,3331	31,033
	Management				
	Accounting	31,001.	14,653.	3,858.	12,490
	Lobbying	,		7,000	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,714.	1,283.	338.	1,093
13	Office expenses	33,712.	28,277.	2,069.	3,366
14	Information technology	3,760.	2,593.	1.	1,166
15	Royalties				
16	Occupancy	107,379.	93,890.	4,266.	9,223
17	Travel	161,746.	160,350.	375.	1,021
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	110 000	100 520	0 501	0 045
22	Depreciation, depletion, and amortization	112,278.	100,730.	2,701.	8,847
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PROFESSIONAL FEES	1,206,038.	1,165,136.	9,660.	31,242
a b	COMMUNICATION	70,064.	63,697.	502.	5,865
	BUSINESS EXPENSES	61,197.	28,109.	7,401.	25,687
c d	PROFESSIONAL DEVELOPMEN	46,024.	44,523.	443.	1,058
-	All other expenses	76,523.	53,081.	361.	23,081
25	Total functional expenses. Add lines 1 through 24e	8,214,853.	7,498,381.	125,606.	590,866
<u>25</u> 26	Joint costs. Complete this line only if the organization	2, == 2, 0000	.,,		220,000
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	,				- 000

Form 990 (2016) ANY BABY CAN OF AUSTIN, INC.

-*4335 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 218,385. 206,728. Cash - non-interest-bearing 1 80,308. 125,324. 2 Savings and temporary cash investments 1,803,099. 1,291,646. 3 Pledges and grants receivable, net 101,279. 106,287. 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 31,160. 38,033. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 3,563,485. basis. Complete Part VI of Schedule D ______ 10a 443,060. 3,220,794. 3,120,425. b Less: accumulated depreciation 10b 10c 233,475. 255,669. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 5,155,769. 5,676,843. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 482,993. 17 510,699 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 482,993. 510,699. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 3,411,624. 3,408,261. 27 Unrestricted net assets 27 1,624,920. 1,079,503. 28 Temporarily restricted net assets 157,306. 157,306. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,193,850. 4,645,070. Total net assets or fund balances 33 33 5,155,769. 5,676,843. Total liabilities and net assets/fund balances

Form **990** (2016)

Form	1990 (2016) ANY BABY CAN OF AUSTIN, INC.	**_**	4335	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,660	6,0	73.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,21		
3	Revenue less expenses. Subtract line 2 from line 1	3	<548		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,19	3,8	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			- ^	- 0
_	column (B))	10	4,64	5,0	70.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			7.7
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2016)

632012 11-11-16

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANY BABY CAN OF AUSTIN, INC.

Employer identification number **-**4335

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		•			ii).	
4		A medical research organiz						the hospital's name.
		city, and state:		· ,				,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
3	ш			liege of drilversity owner	a or opera	led by a g	overimental unit descrit	Ded III
_		section 170(b)(1)(A)(iv). (C	· · · · · · · · · · · · · · · · · · ·					
6	v	A federal, state, or local go						
7	X	An organization that norma	-	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	• •					
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)			•		
11		An organization organized		ively to test for public sa	fetv. See	section 50	09(a)(4).	
12		An organization organized		•	•			e purposes of one or
		more publicly supported or	•	•	•		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga				-	•	, aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•				
		• • • • •			a majority (or the dire	ctors or trustees or the s	supporting
		organization. You must o			41			d.a.
b								-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·					
С		☐ Type III functionally integrated in the last of the last o	-					ed with,
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g	Pro	vide the following information	about the supporte	ed organization(s).				
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (oce morraonom)				
Tota	al						l	I

Schedule A (Form 990 or 990-EZ) 2016 ANY BABY CAN OF AUSTIN, INC.

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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,122,782 4,384,547 4,502,886 7,063,777 6,268,257 26,342,249. 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 4,122,782. 4,384,547 4,502,886 7,063,777 6,268,257 26,342,249. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 26,342,249. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 4,122,782. 4,384,547 4,502,886 7,063,777 6,268,257 26,342,249. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 24,108. 1,031 11,895 89,227. 11,062. 41,131. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 19,334. 24,353 3,080. 2,300. 3,350 52,417. assets (Explain in Part VI.) 26,483,893. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 99.47 14 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2015 Schedule A, Part II, line 14 99.47 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. 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 17a 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 ANY BABY CAN OF AUSTIN, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cal	endar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5							
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
	b Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(a) 2014	(d) 2015	(a) 2016	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest,						
IU	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
				<u></u>			>
	ction C. Computation of Publ						
	Public support percentage for 2016 (I					15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	-					
	b 33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organizatio						
_							

Schedule A (Form 990 or 990-EZ) 2016 ANY BABY CAN OF AUSTIN, INC.

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	20		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
n a	90 or 99	0-F7	2016
•			,

New any of the organization of secretion of the supported organizations, when the controlled the supported organizations and what conditions or responsibility of the organizations and what conditions or responsibility of the organizations and what conditions or responsibility of the organization of the supported organizations or the supported organizations and what conditions or responsibility of the organizations and what conditions or responsibility of the organizations and what conditions or responsibility of the organizations of the supported organizations have the power to regularly appoint or elect at least a majority of the organizations directives or instelled surface the power to regularly appoint or elect at least a majority of the organizations directives organizations, and what conditions or responsibility of the organizations directives organizations, decade how the powers to appoint and/or remove directions or transfers where allowed among the supported organization, decade how the powers to appoint and/or remove directions or transfers where allowed among the supported organization, decades how the powers to appoint and/or remove directions or transfers where allowed among the supported organization of the control or removed organization powers of the supported organization	Sche	dule A (Form 990 or 990-EZ) 2016 ANY BABY CAN OF AUSTIN, INC.	<u>-***433</u>	5 Pa	age 5
11 Has the organization accepted a gift or contribution from any of the following personn? 2 A person who decity or indirectly controls, either silven or together with persons described in (t) and (c) below, the governing body of a supported organization? 2 A SWs controlled entity of a person described in (g) or (l) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b C 2 A SWs controlled entity of a person described in (g) or (l) above? If "Yes" to a, b, or c, provide detail in Part VI. 2 C A SWs controlled entity of a person described in (g) or (l) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at teast a majority of the organization of electrons or trustees at all times during the tax year? If "No," describe in Part VI now the supported organization is directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, and yan appoint or such powers during the tax year. 2 Did the organization person to the benefit carried out the purposes of the supported organization(s) that operated, suppressing or controlled the supporting organization of the trust he supported organization of the supported organization of the trust he supported organization of the trust he supported organization of the trust he supported organization provide to each of its supported organization provided organization of the	Pa	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, ether alone or together with persons described in (b) and (c) below, the governing body or a supported organization? b A family member of a person described in (a) above? c A 359% controlled entity of a person described in (a) or (b) above? f Yes' to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or letel at least a majority of the organizations directors or trustees at all times during the tax year? If VIII as a supported organization is decretors or trustees at all times during the tax year. If VIII as a supported organization is decretors or trustees or the powers to append and/or remove directors or trustees and among the supported organization, describe how the powers to append and/or remove directors or trustees at all times during the tax year. 2 Did the organization sea direct the barrell of any supported organization other than the supported organization, describe how the powers to append and/or remove directors or trustees and among the supported organization? If Vies, explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations? 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of t				Yes	No
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Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a			2h		
 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a 	3		20		
trustees of each of the supported organizations? Provide details in Part VI.					
	а		32		
= 5.6 4.15 5.544112441611 6.7616166 & Gabotalital degree of direction over the policies, programs, and activities of each	h		Ja		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3b		

632025 09-21-16

-*4335 Page 6 Schedule A (Form 990 or 990-EZ) 2016 ANY BABY CAN OF AUSTIN, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
)

Schedule A (Form 990 or 990-EZ) 2016

instructions).

-*4335 Page 7 Schedule A (Form 990 or 990-EZ) 2016 ANY BABY CAN OF AUSTIN, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 1 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: а b **c** From 2013 **d** From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: **b** Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990	FZ) 2016	ANY	BABY	CAN	OF	AUSTIN,	INC.	**-***4335 Page 8
Part VI	Part IV, Section A line 1; Part IV, Section D, lines	al Infori A, lines 1, ection D, l 5, 6, and 8	mation , 2, 3b, 3d lines 2 ar	Provide c, 4b, 4c, d 3; Part	the exp 5a, 6, 9a IV, Sect	lanationa, 9b, sion E,	ons required by 9c, 11a, 11b, a lines 1c, 2a, 2b	Part II, line nd 11c; Part o, 3a, and 3b	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, c; Part V, line 1; Part V, Section B, line 1e; Part V, is part for any additional information.
	(See instructions	5.)							

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

Employer identification number

OMB No. 1545-0047

Name of the organization

its instructions is at www.irs.gov/form990 .

-*4335 ANY BABY CAN OF AUSTIN, INC. Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	zation is covered by the General Rule or a Special Rule. n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
ū	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ntributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 990-EZ, line 1. Complete Parts I and II.
year, total o	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for tion of cruelty to children or animals. Complete Parts I, II, and III.
year, contri is checked purpose. D	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the libutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively haritable, etc., contributions totaling \$5,000 or more during the year
but it must answer '	tation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 'No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

Name of or	B (FORM 990, 990-EZ, Or 990-PF) (2016)	Te	mployer identification number
Name of or	ganization	٦	
ANY B	ABY CAN OF AUSTIN, INC.		**-***4335
Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE MOODY FOUNDATION 2302 POST OFFICE ST #704 GALVESTON, TX 77550	\$200,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 3

Name of organization	Employer identification number
ANY BABY CAN OF AUSTIN, INC.	**-***4335

Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

623453 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number **-***4335 ANY BABY CAN OF AUSTIN, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Da	ANY BABY CAN OF AU	•	^^-^^4335
Pa			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		#N = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
-	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
Ū	year >	icasca, extingaionea, er terrimatea by tri	o organization daring the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	· —	
·	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Total and volunteer heard develor to morntoning, inspecting,	Thandaning of Violations, and officioning con-	oorvation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	► \$	aming of violations, and officining conserve	ation casements daring the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ū	include, if applicable, the text of the footnote to the organizar	•	
	conservation easements.	tion 3 intaricial statements that describes	the organization s accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
ıu	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri	, , , , , , , , , , , , , , , , , , ,	ince of public service, provide, in Fait Alli,
h			t and halance shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS	**	
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			·
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	• •
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		•
LHA	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

Sche		Y CAN OF A						**_**			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, or O	ther					
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that are	a sign	ificant	use of its	collection	n item	S
	(check all that apply):										
а	Public exhibition	C	d 🗌 Lo	oan or excl	hange programs						
b	Scholarly research	6	• 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	in how the	y further th	ne organization's	exemp	t purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	torical treas	sures, or other sin	nilar as	ssets		_		_
	to be sold to raise funds rather than to be m	aintained as part of	the organi	zation's co	llection?			L	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the o	organizatio	n answered "Yes"	on Fo	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other assets	not ind	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation	has been	provided on Part	XIII					
Par	t V Endowment Funds. Complete i	if the organization ar	nswered "	Yes" on Fo	rm 990, Part IV, li	ne 10.					
		(a) Current year	(b) Pri	or year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	157,304.		157,304.	157,30	4.	1	57,304.		157,	304.
b	Contributions										
С	Net investment earnings, gains, and losses	0.		7,305.							
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	0.		7,305.							
f	Administrative expenses										
g	End of year balance	157,304.		157,304.	157,30	4.	1	57,304.		157,	304.
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment ► 100.00	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administered f	or the	organiz	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)	Х	
	(ii) related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment fu	ınds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990, Par	t X, lin	e 10.				
	Description of property	(a) Cost or o		(b) Cost	1 ,	•	umulate		(d) Book	c value	е
		basis (investi	ment)		` '	depre	ciation				
1a	Land				5,000.						00.
	Buildings			2,94	1,400.	36	9,5	19.	2,571	1,8	81.
	Leasehold improvements										
d	Equipment				3,070.		3,5				09.
<u>e</u>	Other				4,015.		9,9				35.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columi	n (B), line 1	0c.)			•	3,120),4	25.

Schedule D (Form 990) 2016

			-*4335 Pag
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			
	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(E)			
(F)			
G)			
H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.	on Form 000. Bort IV, line	a 11 a Coa Farm 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
(1)	(2) 200K Value	(c) meaned of valuation. Good (s. sa or joar market value
(2)			
3)			
(4)			
(5)			
6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) l	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		▶
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			▶
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"			▶ ne 25.
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		e 11e or 11f. See Form 990, Part X, li (b) Book value	▶ ne 25.
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			▶ ne 25.
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			▶ ne 25.
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			▶ ne 25.
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			▶ ne 25.
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			▶ ne 25.
(9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			▶ ne 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			▶ ne 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			▶ ne 25.
(9) cal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line		ne 25.
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line and are the properties of the part X and the part X	on Form 990, Part IV, line	(b) Book value	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	to the organization's financial statem	ents that reports the

632053 08-29-16

Sche	edule D (Form 990) 2016 ANY BABY CAN OF AUSTIN,		* * - *	**4335 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	7,666,073.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,666,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			7,666,073.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat			n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		1	8,214,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)	·····		
e			2e	0.
3	Subtract line 2e from line 1			8,214,853.
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		
_	Other (Describe in Part XIII.)			
b	A stat the set A second Ale	·	4c	0.
С	Add lines 4a and 4b			0. 8.214.853.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	0. 8,214,853.
5 Pa Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Part IV, lines 1b and 2b	5	
Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4:	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4: Y BABY CAN MAINTAINS ONE ENDOWMENT FUND	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4: Y BABY CAN MAINTAINS ONE ENDOWMENT FUND	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4: Y BABY CAN MAINTAINS ONE ENDOWMENT FUND	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4: Y BABY CAN MAINTAINS ONE ENDOWMENT FUND	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4: Y BABY CAN MAINTAINS ONE ENDOWMENT FUND	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4: Y BABY CAN MAINTAINS ONE ENDOWMENT FUND	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,
Prov lines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4: Y BABY CAN MAINTAINS ONE ENDOWMENT FUND	Part IV, lines 1b and 2b additional information.	Part V, line 4; Part X	X, line 2; Part XI,

Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

ANY BAB	Y CAN OF AUSTIN, I	NC.				**-***4	335
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed to the solicitation of the solicitation o	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity				(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		outions	s or has been notified	d it is	exempt from re	egistration

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	edu I rt İ	le G (Form 990 or 990-EZ) 2016 ANY BAE			t IV. line 18. or reported	***4335 Page 2
		of fundraising event contributions and gr	-			
			(a) Event #1 ROCKIN ROUND		(c) Other events	(d) Total events (add col. (a) through
			(event type)	CLASS (event type)	(total number)	col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	201,592.	82,453.	100,033.	384,078.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	201,592.	82,453.	100,033.	384,078.
	4	Cash prizes				
Š	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	0.4 0.00			84,908.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	84,908.
_		Net income summary. Subtract line 10 from I				299,170.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
<u> </u>	1	Gross revenue				
ect Expenses	2	Cash prizes				
Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	activities in each of these	states?		Yes No
10-	\\\\	ere any of the organization's gaming licenses r	avokad suspended ort	erminated during the tay	vear?	Yes No
		ere any of the organization's gaming licenses recently explain:				res NO
	_					
6320	32 09	9-12-16			Schedule G (For	m 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 ANY BABY CAN OF AUSTIN, INC. **-	***4	335	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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?	,	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	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?	Ш '	Yes	└── No
k	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name ►			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	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 ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule G	(Form 990 or 990-EZ)	ANY BA	BY CAN	OF AUSTIN,	INC.	**-***4335 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inf	ormation (co	ntinued)	•		g
		•	·			

Schedule G (Form 990 or 990-EZ)

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the o		CAN OF AU	STIN, INC.					Employer identification number **-**4335
Part I G	eneral Information on Grants a		•					
criteria	ne organization maintain records used to award the grants or assi te in Part IV the organization's pro	stance?					sistance, and the selec	
	rants and Other Assistance to					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
re	ecipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is nee	ded.			•
1 (a) Nam	ne and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	otal number of section 501(c)(3) a							>
3 Enter to	otal number of other organization	s listed in the line 1	ı table					

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

Schedule I (Form 990) (2016)

-*4335 ANY BABY CAN OF AUSTIN, INC. Schedule I (Form 990) (2016) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant CLOTHING, BABY SUPPLIES, AND CRISIS ASSISTANCE 428 221,758. 96,482.FMV OTHER HOUSEHOLD ITEMS. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

16

Open To Public Inspection

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

Employer identification number **-***4335

	ANY BABY CAN	OF AU	STIN, INC	•		**_*	·**4	335	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported or Form 990, Part VIII, line	n	(d) Method of d noncash contrib	etermin	•	:s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
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								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	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			0.6.40	0 00	~			
25	Other (BABY ITEMS)	X	0	96,48	2.CO	5'T'			
26	Other ()								
27	Other ()								
28	Other (\perp				
29	Number of Forms 8283 received by the organia		,						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
				=				Yes	No
30a	During the year, did the organization receive by	,	,, , , ,	•	J	•			
	must hold for at least three years from the date								v
	exempt purposes for the entire holding period'	?					30a		X
	If "Yes," describe the arrangement in Part II.	li 41 2	and durant the account		- الحاصلية	-0	64		y
31	Does the organization have a gift acceptance p					if	31		X
32a	Does the organization hire or use third parties contributions?		•		cash		32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is	checked	1,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2016)

Schedule M	(Form 990) (2016)	ANY	BABY	CAN	OF	AUSTIN,	INC.		**-***4335	Page 2
Part II	Supplemental	Infor	mation	Drovido	the in	formation requir	rad by Dart I	lines 20h 20h and 22		otion
I alt II	Supplemental	i ii ii ioi i	IIIauoii.	Provide	tne ini	rormation requir	ed by Part I	i, lines 30b, 32b, and 33,	and whether the organization of both. Also com	ation
	this part for any ac	dditiona	IIII (D), LIIE Linformati	on	OI COI	imbutions, the	number of it	terns received, or a comb	mation of both. Also con	ibiere
	tills part for arry at	Juillona	illionnau	OII.						
										,
· · · · · ·										

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ANY BABY CAN OF AUSTIN, INC.

Open to Public Inspection

Employer identification number

-*4335

OMB No. 1545-0047

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

ILL CHILDREN IN THE AUSTIN, TX COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

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, OCCURING 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 WELL.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization ANY BABY CAN OF AUSTIN, INC.	Employer identification number **-**4335
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEARS.	
FORM 990, PAGE 1 LINE B - EXPLANATION OF CHANGES ON AMEND	ED RETURN
THE AMENDED RETURN REFLECTS THE FOLLOWING CHANGES:	
1. FORM 990 PART VIII LINE 1F - LINE HAS BEEN CORRECTED T	O REMOVE A
DUPLICATED TOTAL IN THE AMOUNT OF \$91,756 INCLUDED ON THE	ORIGINAL
RETURN.	
2. SCHEDULE D PART XI, PART XII, AND PART XIII - THE RECO	NCILIATIONS OF
REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE AND	EXPENSES PER
RETURN AND SUPPLEMENTAL INFORMATION HAVE BEEN UPDATED TO	REFLECT THE
REMOVAL OF THE DUPLICATED TOTAL FROM #1 ABOVE.	
3. FORM 990 PART VIII LINE 8B - THE DIRECT EXPENSES RELAT	ED TO
FUNDRAISING EVENTS HAS BEEN CORRECTED TO REFLECT THE CORR	ECT AMOUNT OF
\$84,908.	
4. SCHEDULE G PART II LINE 9 - OTHER DIRECT EXPENSES RELA	TED TO
FUNDRAISING EVENTS HAS BEEN CORRECTED TO REFLECT THE CORR	ECT AMOUNT OF
\$84,908.	
5. FORM 990 PART IX STATEMENT OF FUNCTIONAL EXPENSES LINE	24E COLUMN D
- AMOUNT OF FUNDRAISING EXPENSES CORRECTED BASED ON CORRE	CTIONS LISTED
UNDER #3 AND #4 ABOVE. AMOUNT REFLECTS CORRECT FUNDRAISIN	G EXPENSE
TOTALS AFTER AMOUNT RECLASSIFIED AND INCLUDED UNDER PART	VIII LINE 8B

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization ANY BABY CAN OF AUSTIN, INC.		Employer identification number **-***4335
IS TAKEN INTO CONSIDERATION.		
6. FORM 990 PART I REVENUE AND EXPENSE SUMMARY - TOTA	ALS HA	VE BEEN
UPDATED TO REFLECT THE CHANGES FROM #1 - #5 ABOVE.		
7. OVERALL NET EFFECT TO NET ASSETS OR FUND BALANCES	IS ZE	RO.

Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must u	se Form 7004 to request an extension of time to file incom-	e tax retur	rns.	. ,	•	
				Enter file	er's identifyin	g number
Туре с	r Name of exempt organization or other filer, see instruc	ctions.		Employer identification number (EIN)		
print		_				
File by th	ANY BABY CAN OF AUSTIN, INC				**_**	
due date filing you return. Se	6207 SHERTDAN AVENUE	tions.	Social se	curity number	(SSN)	
instructio		oreign add	lress, see instructions.			
Enter t	he Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
Form 990-T (trust other than above) 06 Form 8870					12	
Tele	CHRISTOPHER ADA books are in the care of \blacktriangleright 6207 SHERIDAN A sphone No. \blacktriangleright 512-334 $\overline{-4445}$ e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (\blacksquare . If it is for part of the group, check this box \blacktriangleright	S in the Ur Group Exe	Fax No. ited States, check this box	If this is fo	r the whole gr ers the extens	oup, check this sion is for.
1 I	request an automatic 6-month extension of time until	JUL	Y 15, 2018 , to file	e the exem	npt organizatio	n return
)	or the organization named above. The extension is for the organization named above. The extension is for the organization or SEP 1, 2016 If the tax year entered in line 1 is for less than 12 months, concluding the control of the control of the tax year entered in line 1 is for less than 12 months, concluding period	, an	d ending AUG 31, 2017	Final retur	 n	
3a l	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			•
_	onrefundable credits. See instructions.			3a	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069					•
_	estimated tax payments made. Include any prior year overp			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa	•				0
k	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

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