	0	00	Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			s) 2010
		uary 2020)	Do not enter social security numbers on this form as i	it may be	e made public.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	ne latest i	nformation.	Inspection
AF	or th	e 2019 calenda	ar year, or tax year beginning ${\tt SEP}$ 1 , 2019 and end	ding A	UG 31, 2020	
Β	heck if		organization		D Employer identific	ation number
a	pplicab					
	Addre chane	ge ANY	BABY CAN OF AUSTIN, INC.			
	Name	ge Doing bi	usiness as		**-***433	35
	Initial returr	Number	,	om/suite	E Telephone number	
	Final returr termi	n_	SHERIDAN AVENUE		512-454-3	
	ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,784,863.
	return	AUSI	IN, TX 78723		H(a) Is this a group re	
	tion		nd address of principal officer: VERONDA L. DURDEN		for subordinates?	
			AS C ABOVE		H(b) Are all subordinates inc	
		empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or ANYBABYCAN.ORG	527		list. (see instructions)
		f organization:		L Voor o	H(c) Group exemption	State of legal domicile: TX
	irt I					i State of legal dominine. 12
	1		e the organization's mission or most significant activities: WITH A	FOCI	US ON CHILD	
e Ce	.	DEVELOP	MENT, ANY BABY CAN PROVIDES IN-HOME	THER	APY (PHYSICA	AL.
Governance	2	Check this bo				
ver	3	Number of vot			3	22
	4		ependent voting members of the governing body (Part VI, line 1b)			22
s S	5		of individuals employed in calendar year 2019 (Part V, line 2a)			159
Activities &	6		of volunteers (estimate if necessary)			99
vctiv	7 a		business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)		7,823,030.	9,645,945.
Revenue	9	0	ce revenue (Part VIII, line 2g)		2,014,379.	1,793,657.
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		18,737.	29,522.
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		309,720.	294,831.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>10,165,866.</u> 248,507.	<u>11,763,955.</u> 387,237.
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3)		248,507.	0.
	14	•	o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		8,093,011.	8,876,881.
ses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	b		ng expenses (Part IX, column (D), line 25) 673,873	3.		••
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,406,902.	2,194,672.
	18	•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,748,420.	11,458,790.
	19		expenses. Subtract line 18 from line 12		-582,554.	305,165.
or				Beg	inning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)		6,193,779.	8,719,748.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)		734,017.	2,954,821.
			und balances. Subtract line 21 from line 20		5,459,762.	5,764,927.
	nrt II					
			declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true,	corre		Declaration of preparer (other than officer) is based on all information of which	n preparer h		021
			onder I. Lunden		07/14/2	021

Sign	Signature of officer	Date	
Here	VERONDA L. DURDEN, PRESIDENT/CEO		
	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date	Check PTIN
Paid	TIMOTHY F. DOWLING / untry FI Joules	07/13/21	self-employed P00996199
Preparer	Firm's name 🕨 WEAVER AND TIDWELL, LLP	Firm's	EIN **-***6316
Use Only	Firm's address 1601 SOUTH MOPAC EXPWY, STE. D250		
	AUSTIN, TX 78746	Phone	no.512.609.1900
May the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
932001 01-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	ANY BABY CAN OF AUSTIN, INC.	**-***4335	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ANY BABY CAN, AN AUSTIN-BASED NONPROFIT, PARTNERS WITH	PARENTS SO	
	CHILDREN REACH THEIR FULL POTENTIAL. WITH PROGRAMS THAT	MEET CLIENTS	3
	WHERE THEY ARE AT HOME, WORK OR SCHOOL ANY BABY CAN PR	OVIDES IN-HO	OME
	THERAPY, PARENT EDUCATION, MENTAL HEALTH COUNSELING, MED	ICAL CASE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	s 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 services?	Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10,646,665. including grants of \$387,237.) (Reven	nue \$ 1,793,	657.)
	EACH YEAR, ANY BABY CAN SERVES MORE THAN 3,000 PARENTS A		
	CENTRAL TEXAS. SERVICES RANGE FROM PARENTING CLASSES TO	IN-HOME	
	THERAPIES AND DEVELOPMENTAL SUPPORT, PARENT EDUCATION, R		
	NAVIGATION AND MORE.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	nue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue\$)
4.0	Other program convision (Describe on Schodule O)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 10,646,665.		000 /
		Form	990 (2019)
932002	2 01-20-20		
	2		

15240709 756800 2009806

Form	990	(20^{-1})	(9)

 Form 990 (2019)
 ANY BABY CAN OF AUSTIN, INC.

 Part IV
 Checklist of Required Schedules

1 Is the organization described in section 501(kg) or 4947(kg) (f) (then than a private foundation? 1 X 2 Is the organization required to complete Schedule of Controlutors? 2 X 2 Is the organization required to complete Schedule of Controlutors? 3 X 3 X 3 X 4 Section 501(kg) cognizations on the organization engage in tobbying antivities or have a section 501(h) election in effect during the tax year? // ws, 'complete Schedule C, Part II 4 X 5 X 6 K 5 X 6 In the organization metal in end/outs thand or any similar funds or accounts? If ''''''', '''''', '''''', ''''', ''''', ''''', ''''', ''', ''', '''', '''				Yes	No
2 Is the organization engage in direct or inference particular ampaign activities on bhalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 2 X 3 Did the organization engage in direct or inference particular ampaign activities, on have a section 501(h) election in effect or inference particular on engage in lobbying activities, on have a section 501(h) election in effect or inference particles 200 electrone (C, Part II) 3 X 4 International activities of the organization in activities of have a section 501(h) election in effect of the organization activities of have a section 501(h) electron in effect of the organization in activities of have a section 501(h) electron in effect of the organization in activities of have a section 501(h) electron in effect of the organization in activities of the organization in resettered of 1917 of 'Yes,' complete Schedule D, Part II 5 X 6 Did the organization metage in lonbying activities, or have a section 501(h) electron in effect of the activities activities of the activities activities of the activities activities of the activities activititis activities activities activities	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Dit he organization ergage in direct or indirect patical campaign activities on bahal of or in apposition to candidates for public official "I "tes," complete Schedule C, Part I 4 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect of units and structures in the organization engage in lobbying activities, or have a section 501(b) election in effect of the organization engage in lobbying activities, or have a section 501(b) election in effect of the organization matria and younds or any similar funds or any similar funds or accuration which donors have the right to provide advice on the distribution or investment of amount in such funds or accuration which donors have the right to provide advice on the distribution erivestment of amount in such funds or accurated within donors have the right to provide advice on the distribution services and the organization matria collectors of works of art, historical treasures, or other similar assets? (****), "complete Schedule D, Part II. 9 Did the organization matria collectors of works of art, historical treasures, or other similar assets? (****), "complete Schedule D, Part II. 9 Did the organization matria collectors of works of art, historical treasures, or other similar assets? (****), "complete Schedule D, Part IV. 9 Did the organization report an amount for instemets - other ascutties in hort ?**, "complete Schedule D, Part IV. 9 Did the organization report an amount for instemets other ascutties in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12 // 'res, "complete Schedule D, Part IV. 10 Did the organization report an amount for instemets other ascutties in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12 // 'res, "complete Schedule D, Part V. 11 Did the organization report an amount for instemets other ascutti					
public efficient <i>if t</i> (<i>r</i> , <i>s</i> , <i>i</i> complete Schedule <i>C</i> , <i>Part I</i> 3 X 4 Section 501(c)(3) organizations. Diff the organization engage in lobbying activities, or have a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Newnue Procedure 39:197 <i>if 'rst, 'complete Schedule C</i> , <i>Part II</i> 4 X 5 the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Newnue Procedure 39:197 <i>if 'rst, 'complete Schedule C</i> , <i>Part II</i> 6 X 6 Did the organization creative or hold a conservation assement, including easements to preserve open space. 7 X 7 Did the organization receive or hold a conservation assement, including easements to preserve open space. 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cerdit comparization, clearcely or through a metal magnetization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 137, the 25, the more of this total assets reported in Part X, line 137, the 25, the magn	-		2	_X	
4 Section 501(c)(3) organizations. Did the organization nigoge in lobbying activities, or have a section 501(c)(4) election in effect 4 X 5 Is the organization a section 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(7), or	3				v
during the tax year? If Yes,* complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 501(6)(3) for S(10)(3) fo	4		3		
5 Is the organization a sectors 501(c)(4), 501(c)(6), or 501(c)(6) organization that neekes membership dues, assessments, or similar amounts as defined in Revenue Procedure 991/97 if Yes," <i>complete Schedule C, Part II</i> 5 X Did the organization markatin any donor advised funds or any similar todis or accounts? // Yes," <i>complete Schedule D, Part II</i> 6 X Did the organization nearest or historic structures? // If Yes," <i>complete Schedule D, Part II</i> 7 X Did the organization nearest or historic structures? // If Yes," <i>complete Schedule D, Part II</i> 7 X Schedule D, Part II 7 X Did the organization report an amount in Part X, line 21, for secrew or sustedial account liability, serve as a custedian for amounts not listed in Part X, or provide credit counseling, dett management, credit repair, or debt negation services? 8 X Did the organization, directly for through a nelated organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes, "complete Schedule D, Part VI 10 X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets report in Part X, line 107 / Yes, "complete Schedule D, Part VI 11a X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets report in Part X, line 107 / Yes, "complete Schedule D, Part VI 11a X <td>4</td> <td></td> <td>4</td> <td></td> <td>x</td>	4		4		x
eminal amounts as defined in Revenue Procedure 99:199 # Yes," complete Schedule C, Part II 5 X Did the organization maintain any doora advised funds or any similar brands or accounts? If 'Yes,' complete Schedule D, Part II 6 X To be the organization reveive or hold a conservation easement, including easements to preserve open space, the environment, historical freasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X B Did the organization maintain collections of works of art, historical freasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a custofian for amounts not listed in Part X, or provide cardit counceling, dett management, credit repart, or deth negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments 10 X 11 If the organization answer to any of the following questions is 'Yes,' them complete Schedule D, Part V 10 X 12 Ub the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 X 13 X 10 X 11 X 14 U the organization report	5		–		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II I 7 Did the organization meetine notide a conservation assement, funds or accounts? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization meetine notide a conservation assement, funds or accounts? If 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization meetine notide a conservation assement, including assements to preserva open searce, the environment, historic all researce, or clustoid all account liability, serve as a custoidan for account and the Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Hart V 10 X 10 X 11a X 11a X 11a X 11b X 11a X 11a X 11a X	Ŭ		5		Х
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lated in Part X, or provide credit coussing, debt mangament, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 111a X 11a X 11a X 112 X 11a X 11a X 113 X 11a X 11a X 114 X 11a X 11a X 115 X 11a X 11a X 116 C 104 11a X <td< td=""><td>6</td><td></td><td></td><td></td><td></td></td<>	6				
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Schedulo D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 14 Did the organization other assets in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 12 Did the organization inclouded in consolidated, independent audited fin		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 14 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 X 11d X 14 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 14 X Did the organization included in consolidated financial statements for the tax yea? If "Yes," complete Schedule D, Part X 11d X 12a Did	9				
10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIIII, VIII, VIIII, VIIII, VIII, VIII, VIIII, VIII, VIII, VIII, VIII,					v
or in quasi endowments? // "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, X, or X as applicable. 11a X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11b X c) 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? // "Yes," complete Schedule D, Part VII 11d X d) Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11d X e) Did the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11d X 12a Did the organization is beparte, porter liabilities in Part X, line 15? /// "Yes," complete Schedule D, Part X 11e X 12a Did the organization iscluded in consolidated, independent audited financial statements for the tax year? 11d X 12a X 11d X 11d X 13a Is the or	10		9		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VX, or X as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part V 11a X b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X c Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII 11d X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d Did the organization separate or consolidated financial statements for the tax year include a foothore that addresses the organization asparate, independent audited financial statements for the tax year? 11f X 12a Did the organization asparate or consolidated, independent audited financial statements for the tax year? 11f X 12a X State organization asparate, independent audited financial statements for the tax year? 11f X<	10		10	x	
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or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 21 X	16		15		
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	10		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X	17				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X			17		Х
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X X X X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X X X X		1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					<u>X</u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21		21		x
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932003 01-20-20

Form	990	(2019)
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 Form 990 (2019)
 ANY
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 CAN
 OF
 AUSTIN,
 INC.

 Part IV
 Checklist of Required Schedules (continued)
 (continued)</t

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
	Schedule J	23	Х	
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		21
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
- a				

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		
32004	01-20-20			Form	990	(2019)

932004 01-20-20

	990 (2019) ANY BABY CAN OF AUSTIN, INC. **-**4	335	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter 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 2a 159		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country			
Fe	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fo		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a	Does 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?	6a		x
h	any contributions that were not tax deductible as charitable contributions?	Ua		- 23
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders 11a			
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?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form **990** (2019)

932005 01-20-20

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Form 990	(2019)
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ANY BABY CAN OF AUSTIN, INC.

-*4335 Page 6

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

		т I				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		22			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass			F	5		X
	Did the organization have members or stockholders?			F	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	-			7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			F			
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			····· F			
	The governing body?	2	0		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			·····	00		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
	tion B. Policies (This Section B requests information about policies not required by the Internal Re				5		
	the internal Residual policies not required by the internal Re	evenue (<u>_0ae.)</u>			Yes	N
10-2	Did the organization have local chapters, branches, or affiliates?			Γ	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·····	IUa		- 23
		• •			10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing bod					Х	
		y before	ining the lo		11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			I	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	,				37	
	in Schedule O how this was done			Г	12c	X	
	Did the organization have a written whistleblower policy?				13	X	
	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 approva	al by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wil	th a				
	taxable entity during the year?			L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	rticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization'	S				
	exempt status with respect to such arrangements?				16b		
Sect	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 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (Section 5	01(c)(3)s	only)	availa	ble
	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	n on Sch	nedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest pol	icy, and	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 boo	oks and	records	•			
	NATALIE RUSSELL - 512-334-4472						
	6207 SHERIDAN AVE., AUSTIN, TX 78723						_

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable Reportable		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of	
	week		cer an	uau	recio	r/trus	lee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	truste	al trus		yee	mpen				and related	
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er			organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(1) VERONDA L. DURDEN	40.00										
PRESIDENT AND CEO		Х		Х				178,392.	0.	5,190.	
(2) ALEXANDRA ALFAU	40.00										
CHIEF PROGRAMS OFFICER		Х		Х				105,294.	0.	5,149.	
(3) NATALIE RUSSELL	40.00										
CHIEF FINANCIAL OFFICER		Х		Х				80,972.	0.	6,840.	
(4) KEVIN WOOD	2.00										
BOARD CHAIR		Х		Х				0.	0.	0.	
(5) SAMUEL COLLIER, M.D.	2.00										
BOARD VICE-CHAIR		Х		Х				0.	0.	0.	
(6) WADE MORGAN	2.00										
BOARD TREASURER		Х		Х				0.	0.	0.	
(7) TRACY LETZERICH	2.00										
BOARD SECRETARY		Х		Х				0.	0.	0.	
(8) JOHN BADER	2.00										
DIRECTOR		Х						0.	0.	0.	
(9) KIRBY BAIRD	2.00										
DIRECTOR		Х						0.	0.	0.	
(10) DAVID BANK, M.D.	2.00									•	
DIRECTOR		Х						0.	0.	0.	
(11) SARAH CHURCHILL LLAMAS	2.00										
DIRECTOR		Х						0.	0.	0.	
(12) DAVID DESTEFANO	2.00								0	0	
DIRECTOR		X						0.	0.	0.	
(13) JACQUELYN DOSCH MCDONALD, PHD	2.00	37							0	0	
DIRECTOR	2 00	Х						0.	0.	0.	
(14) SHAFEEQA GIARRATANI	2.00	v						0	0	0	
DIRECTOR (15) KELLEY HAWKINS	2.00	Х						0.	0.	0.	
	2.00	x						0.	0.	0	
DIRECTOR (16) JESSE HOLGUIN	2.00	<u> </u>				-		0.	0.	0.	
DIRECTOR	2.00	x						0	0.	0	
(17) MARSHA JONES	2.00							0.	U •	0.	
DIRECTOR	2.00	x						0.	0.	0.	
	1					I		0.	0.	Form 990 (2019)	
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Form 990 (2019) ANY BABY	CAN OF	AU	ISI	IN	,	IN	C.		**_**	*43	35	Page 8	
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average	(do		Posi heck r			ne	Reportable	Reportable		Estin	nated	
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation		amo	unt of	
	week		cer ar	nd a dii	recto	r/trus	lee)	from	from related			her	
	(list any hours for	irecto						the	organizations		•	ensation	
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC	"		n the iization	
	organizations	ruste	al trus		/ee	m pen		(00-2/1033-10130)			•	related	
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er					zations	
	line)	Indiv	In stit	Officer	Key e	Highe	Former						
(18) TIWANNA KENNEY	2.00												
DIRECTOR		Х						0.		0.		0.	
(19) CASEY KNUST	2.00												
DIRECTOR		Х						0.		0.		0.	
(20) KIMBERLY LEVINSON	2.00												
DIRECTOR		Х						0.		0.		0.	
(21) LEO ORTEGA	2.00											•	
DIRECTOR	0.00	Χ				<u> </u>		0.		0.		0.	
(22) MARISOL RAWLINS	2.00											0	
DIRECTOR	2 00	Х		$\left \right $		-		0.		0.		0.	
(23) BRETT RODGERS	2.00	x						0		<u> </u>		0	
DIRECTOR (24) SONYA THORN	2.00	Δ						0.		0. 0.		0.	
DIRECTOR	2.00	x						0.		0.		0.	
(25) NORBI ZYLBERBERG	2.00	Δ						0.				0.	
DIRECTOR	2.00	х						0.		0.		0.	
		Δ						0.					
1b Subtotal → 364,658. 0									0.	17	,179.		
							0.		0.				
d Total (add lines 1b and 1c)								364,658.		0.	17,179.		
2 Total number of individuals (including but no) wh	o re		000 of reportable			<u> </u>	
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·	,			3	
· · · · · · · · · · · · · · · · · · ·											Y	es No	
3 Did the organization list any former officer,	director, trust	ee, k	ey e	emplo	oyee	e, or	hig	hest compensated emp	loyee on	ſ			
line 1a? If "Yes," complete Schedule J for su	uch individual									L	3	X	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		L	4 2	X	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fi	rom a	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich p	berse	on .					5	X	
Section B. Independent Contractors													
1 Complete this table for your five highest con										Insati	on from		
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin		ear.				
(A) Name and business	address	NTC	זדאר	7				(B) Description of s	ervices	Co	(C) ompensa	ation	
		INC	ONE	2			-	Beschption of a			mpeno		
							\neg						
					_								
2 Total number of independent contractors (ir	0	ot lin	niteo	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				0	,							

Form **990** (2019)

932008 01-20-20

			ANY BABY CAN	OF AUSTIN	I, INC.		**-***4	335 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b					
ي و			Fundraising events 1c					
ifts A			Related organizations 1d					
nila Dila			Government grants (contributions)	7,210,292.				
Sin			All other contributions, gifts, grants, and					
uti,		•	similar amounts not included above 1f	2,435,653.				
6Ë		a	Noncash contributions included in lines 1a-1f	68,113.				
no'i		-	Total. Add lines 1a-1f		9,645,945.			
0.0				Business Code	-,,			
	2	2	BILLING REVENUE	624100	1,793,657.	1,793,657.		
vice	2	b				_,,		
Ser		c						
ver S		d						
gra Re								
Program Service Revenue		e f	All other program service revenue					
_			Total. Add lines 2a-2f		1,793,657.			
	3	y	Investment income (including dividends, intere		2,720,007.			
	3		other similar amounts)	· ·	29,522.			29,522.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	· · · ·				
	5		(i) Real	(ii) Personal				
	6	2						
	0		Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a	(,				
		h	Less: cost or other basis					
ø		D	and sales expenses					
evenue		~	Gain or (loss)					
eve			Net gain or (loss)					
Other R	8		Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	315,739.				
			Part IV, line 18					
			Less: direct expenses 8b	· · · · ·	204 921			294,831.
	~		· · · · · · · · · · · · · · · · · · ·	····· ►	294,831.			234,031.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
				····· •				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold					
		С	Net income or (loss) from sales of inventory	Business Code				
sn		_		Busilless Code				
leoi	11							
Miscellaneous Revenue		b						
sce Bev		C d	All other revenue					L
Ä			All other revenue					
	40		Total. Add lines 11a-11d		11,763,955.	1,793,657.	0.	324,353.
	12		Total revenue. See instructions	>	103,303.	±,/55,05/.	I ⁰ .	Form 990 (2019)
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ANY BABY CAN OF AUSTIN, INC.

2019.06000 ANY BABY CAN OF AUSTIN, I 20098061

-<u>*4335</u> Page **9**

ANY BABY CAN OF AUSTIN, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	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	387,237.	387,237.		
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)	7,594,041.	7,069,954.	83,001.	441,086.
7	Other salaries and wages	7,394,041.	7,009,954.	05,001.	441,000.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	724,770.	686,391.	4,606.	33.773.
10	Payroll taxes	558,070.	521,034.	5,157.	<u>33,773</u> . 31,879.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	39,501.	37,524.	218.	1,759.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	290.	189.		101.
12	Advertising and promotion	48,246.	44,168.	2,362.	1,716.
13	Office expenses	100,237.	84,190.	7,678.	8,369.
14 15	Information technology Royalties	100,257.	01,190.	7,0701	0,505.
16	Occupancy	148,969.	138,883.	1,641.	8,445.
17	Travel	161,036.	160,794.	49.	193.
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	100 000		1 (00)	
22	Depreciation, depletion, and amortization	106,875.	97,461.	1,628.	7,786.
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL FEES	1,166,933.	1,150,004.	3,970.	12,959.
b	PROFESSIONAL DEVELOPMEN	117,029.	114,137.	372.	2,520.
с	BUSINESS EXPENSES	97,037.	19,051.	26,474.	51,512.
d	COMMUNICATION	96,790.	92,894.	546.	3,350.
е	All other expenses	111,729.	42,754.	550.	68,425.
25	Total functional expenses. Add lines 1 through 24e	11,458,790.	10,646,665.	138,252.	673,873.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

Total liabilities and net assets/fund balances

ANY BABY CAN OF AUSTIN, INC. Part X | Balance Sheet

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

(A) (B) End of year Beginning of year 1,856,849. 223,143. 1 1 Cash - non-interest-bearing 420,459. 1,803,050. Savings and temporary cash investments 2 2 2,207,011. 1,815,424. Pledges and grants receivable, net 3 3 118,898. 107,431. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 44,033. 40,045. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 3,570,490. basis. Complete Part VI of Schedule D _____ 10a 763,684. 2,906,675. 2,806,806. b Less: accumulated depreciation 10b 10c 273,560. 290,143. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 6,193,779. 8,719,748. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 734,017. 894,819. Accounts payable and accrued expenses 17 17 18 18 Grants payable 780,902. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,279,100. 0. 25 of Schedule D 734,017. 2,954,821. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,488,864. 27 4,190,087. 27 Net assets without donor restrictions Net assets with donor restrictions 1,970,898. 1,574,840. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,459,762. 5,764,927. Total net assets or fund balances 32 32

8,719,748. Form 990 (2019)

6,193,779.

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932011 01-20-20

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Form 990 (2019)

Form	ANY BABY CAN OF AUSTIN, INC.	**_**	*4335	Pag	_{ge} 12
	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	11,763	3,9	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,458	3,7	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	305	5,10	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,459	9,70	62.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,764	1,92	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
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	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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	e audit,			
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	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 requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			_	000	

Form **990** (2019)

932012 01-20-20

SCHEDULE A

(Form	990	or	990-EZ)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Т.

Department of the Treasury Internal Revenue Service

Nam	e of t	he organization			identification number						
D		ANY	BABY CAN O	F AUSTIN, INC	2.				*-**4335		
Par	τι	Reason for Public C	Sharity Status (All organizations must co	omplete th	is part.) Se	e instructions	S			
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city,	and state of	the college	or		
		university:									
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersł	nip fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in		
		lines 12a through 12d that of	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting		
		organization. You must c	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	ed with,		
		its supported organizatior	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.					
f	Ente	r the number of supported o	organizations								
g		vide the following information									
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ANY BABY CAN OF AUSTIN, INC. Part II

-*43<u>35 Page 2</u>

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.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	7063777.	6268257.	9399903.	8247801.	9893571.	40873309.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	7063777.	6268257.	9399903.	8247801.	9893571.	40873309.					
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)											
	Public support. Subtract line 5 from line 4.						40873309.					
	ction B. Total Support						1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
7	Amounts from line 4	7063777.	6268257.	9399903.	8247801.	9893571.	40873309.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,	11 005		10 500	10 -0-		400 500					
	and income from similar sources	11,895.	41,131.	19,508.	18,737.	29,522.	120,793.					
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	0 000	2 2 5 0	050	65		E OCE					
	assets (Explain in Part VI.)	2,300.	3,350.	250.	65.		5,965.					
	Total support. Add lines 7 through 10						41000067.					
	Gross receipts from related activities,		,			12						
13	First five years. If the Form 990 is for	0	, ,	, ,	3	()()						
Sec	organization, check this box and stor ction C. Computation of Publi	o here	centage				·····					
				a lu una (f))		44	99.69 %					
	Public support percentage for 2019 (I		-			14 15						
	Public support percentage from 2018 33 1/3% support test - 2019. If the o											
104	stop here. The organization qualifies	0										
h	33 1/3% support test - 2018. If the o		-		line 15 is 33 1/3%		······································					
N.	and stop here. The organization qual											
179	10% -facts-and-circumstances test											
11d	and if the organization meets the "fac											
	meets the "facts-and-circumstances"			•		•						
h	10% -facts-and-circumstances test											
U U	more, and if the organization meets the											
	organization meets the "facts-and-circ						~ ►					
18	Private foundation. If the organization		•	-								
10	The organization. In the organization			a, 100, 17a, 01 170			or 990-EZ) 2019					
					00110		L. L. 13					

Schedule A (Form 990 or 990-EZ) 2019	ANY	BABY	CAN	OF	AUSTIN,	INC.
Part III Support Schedule for	r Orga	nization	s Des	cribe	ed 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, 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, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	-					
Section C. Computation of Publi						
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the					3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
932023 09-25-19						0 or 990-EZ) 2019
		15	5			-

Schedule A (Form 990 or 990-EZ) 2019 ANY BABY CAN OF AUSTIN, INC.

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")? // "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 (as 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 disgualified 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.)

932024 09-25-19

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5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

Yes No 1 2 3a 3b 3c 4a 4b **4c** 5a

-*4335 Page 4

Schedule A (Form 990 or 990 EZ) 2019 ANY BABY CAN OF AUSTIN, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vaa	Ne
4	Were a majority of the experimetion's directors or tructure during the tax year also a majority of the directors		Yes	No
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 supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	untional		
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D		3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	30		

17

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 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.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
I	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	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		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
1	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

1

Schedule A (Form 990 or 990-EZ) 2019 ANY BABY CAN OF AUSTIN, INC.

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	1000 Tage 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	Γ	I	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u> i</u>				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h			
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

orm 990 or 990-E							,						35 Pag
Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	tion D, lin	, 30, 30 es 2 an	, 40, 40, d 3; Part	5a, 6, 9 IV, Sec	ia, 9b, tion E,	lines 1c	, 11b, ar , 2a, 2b	, 3a, and 3	art IV, Sectio 3b; Part V, li	n B, lines ne 1; Part '	V, Sectior	n B, line 1e	tion C,
 (See instructions.)	6, and 8;	and Pa	rt v, Seci	ION E, I	ines 2,	o, and (6. AISO (complete	this part for a	any additio	nal inform	hation.	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

2019

Employer identification number

*	*	_	*	*	*	4	3	3	5	
---	---	---	---	---	---	---	---	---	---	--

Organization type (check or	rganization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	$\fbox{3}$ 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							

ANY BABY CAN OF AUSTIN,

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

Caution: An organization 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), but it **must** answer "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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page 2

(d)

(d)

(d)

(d)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Name of organization Employer identification number **-**4335 ANY BABY CAN OF AUSTIN, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ST. DAVID'S FOUNDATION Person Payroll 1303 SAN ANTONIO ST. STE. 500 653,766. Noncash \$ (Complete Part II for AUSTIN, TX 78701 noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

	\$	Person Payroll Occupient Payroll Payroll Payroll Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

\$

(c)

Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

X

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(a)

No.

(a) No.

2019.06000 ANY BABY CAN OF AUSTIN, I 20098061

22

Name of organization

Employer identification number

-4335

ANY BABY CAN OF AUSTIN, INC.

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
		\$	

23

15240709 756800 2009806

Page **4**

ame of orgar	nization			Employer identification numbe
NY BAB	Y CAN OF AUSTIN, INC.			**-**4335
Part III E	xclusively religious, charitable, etc., contribut om any one contributor. Complete columns (a pompleting Part III, enter the total of exclusively religious, lse duplicate copies of Part III if additional	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ry For organizations	hat total more than \$1,000 for the ye
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I				
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
454 11-06-19		24	Schedule	B (Form 990, 990-EZ, or 990-PF) (20

15240709 756800 2009806

(Forr	HEDULE D m 990) tment of the Treasury	Complete if the organ Part IV, line 6, 7, 8, 9, 10,	I Financial Statements nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		OMB No. 1545-0047	_
Interna	al Revenue Service		0 for instructions and the latest informati	1	Inspection	
Nam	e of the organization באוז	Y BABY CAN OF AUS	TTN TNC.	Em	ployer identification numb * * - * * * 4 3 3 5	er
Pa			Funds or Other Similar Funds or	Accou		_
	-	d "Yes" on Form 990, Part IV, line				
	5		(a) Donor advised funds	(b) Fur	nds and other accounts	_
1	Total number at end of year					
2		ons to (during year)				
3		m (during year)				
4		ar				
5			riting that the assets held in donor advised	funds		
	are the organization's proper	ty, subject to the organization's e	xclusive legal control?		Yes 🗌 I	No
6	Did the organization inform a	Il grantees, donors, and donor ad	visors in writing that grant funds can be use	ed only		
	for charitable purposes and r	ot for the benefit of the donor or	donor advisor, or for any other purpose cor	ferring		
	impermissible private benefit					No
Pa	rt II Conservation Ea	sements. Complete if the orga	anization answered "Yes" on Form 990, Par	t IV, line 7		
1	Purpose(s) of conservation ea	asements held by the organizatior	n (check all that apply).			
	Preservation of land for	r public use (for example, recreation	on or education)	nistorically	important land area	
	Protection of natural ha		Preservation of a	certified hi	storic structure	
	Preservation of open s					
2	Complete lines 2a through 2c	l if the organization held a qualifie	ed conservation contribution in the form of a	a conserva	ation easement on the last	
	day of the tax year.				Held at the End of the Tax Ye	ar
а						
b	Total acreage restricted by co					
С			cture included in (a)	<u>2c</u>		
d			ter 7/25/06, and not on a historic structure			
3		ments modified, transferred, relea	ased, extinguished, or terminated by the or	ganization	during the tax	
	year					
4		erty subject to conservation ease				
5	•		odic monitoring, inspection, handling of			
6	,	of the conservation easements it h	andling of violations, and enforcing conserv			No
0		ored to monitoring, inspecting, na	and ing of violations, and enforcing conserv	alion ease	ements during the year	
7	Amount of expenses incurred	l in monitoring, inspecting, handli	ng of violations, and enforcing conservatior	0000000	te during the year	
'	► \$	In monitoring, inspecting, nandin	ng of violations, and enforcing conservation	easemen	its during the year	
8			satisfy the requirements of section 170(h)(4	I)(B)(i)		
Ŭ					Yes I	No
9	In Part XIII describe how the	organization reports conservation	n easements in its revenue and expense sta	tement ar		10
5		•	te to the organization's financial statement			
	organization's accounting for					
Pa			Art, Historical Treasures, or Othe	r Simila	r Assets.	
		ization answered "Yes" on Form 9	-			
1a	· •		, not to report in its revenue statement and	balance s	heet works	_
		•	ic exhibition, education, or research in furth			
		•	cial statements that describes these items.		1	
b			, to report in its revenue statement and bala	ance sheet	t works of	

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of pu	ublic service,				
provide the following amounts relating to these items:						
(i) Revenue included on Form 990, Part VIII, line 1		\$				
		•				

	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X 💦 🔭 🖇						

b	Assets	included	in	Form	990,	Ра

$\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

15240709 756800 2009806

Sche		Y CAN OF AU						**_**			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historica	al Tre	asures, or	^r Othe	r Simila	r Asset	s _{(contir}	nued)	
3	Using the organization's acquisition, accession										
	collection items (check all that apply):										
а	Public exhibition	d	🗌 Loan	or excl	nange progra	ım					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they fu	ther th	e organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							D. Part IV.			
	reported an amount on Form 990, Par							_, ,			
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contri	butions	or other ass	ets not	included				
14	on Form 990, Part X?		2						Yes		No
h	If "Yes," explain the arrangement in Part XIII									L	
			owing table.						Amoun	+	
с	Beginning balance						1c		Amoun	<u> </u>	
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe						··		Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par							10.				
		(a) Current year	(b) Prior y		(c) Two year			years back	(e) Fou	r vears	hack
1a	Beginning of year balance	273,560.		,126.		3,669.		233,475.			276.
b	Contributions	, -		, .		, .		, -		/	
	Net investment earnings, gains, and losses	19,503.	6	,319.	17	7,375.		24,910.		11	826.
	Grants or scholarships		-	,		,		,		,	
d	Other expenditures for facilities										
e											
4	and programs	2,920.	2	,885.	2	2,918.		2,716.		2	627.
	Administrative expenses	290,143.		,560.		3,126.		255,669.			475.
g	End of year balance Provide the estimated percentage of the curr			,		,	-			200,	
2	Board designated or quasi-endowment	21.00	(interty, con	unin (a)	TIEIU as.						
d b	Permanent endowment ► 54.00	%	_70								
a	05.00	% %									
C		, -									
20	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posse		ion that are l		d adminiator	ad far th		otion			
Ja		SSION OF THE OFGAINZAU	ion that are i	ieiu ari	u auminister	eu ior u	le organiz	alion	1	Yes	No
	by: (i) Unrelated organizations								3a(i)	X	NO
										- 22	x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii)		
									3b		L
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		/ment lunus.								
. ai	Complete if the organization answere		Part IV line	110 0	oo Eorm 000	Dort V	lino 10				
	Description of property				or other			ad			
	Description of property	(a) Cost or ot basis (investm		basis (• •	ccumulat preciation		(d) Boo	k valu	е
4 -	Land		5/14		5,000.	ue	PICOIALION		12	5 0	00.
	Land				8,405.		626,8	86	2,32		
	Buildings			, 74	0,±00.		040,0	00.	4,34	<u>, ,)</u>	<u> </u>
	Leasehold improvements			10	3 070		126 0	30	20	6,2	10
	Equipment				3,070.		126,8				
	Other				4,015.		9,9	00.		$\frac{4}{6}, 0$	
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	(, column (B)	line 10) <u>c.</u>)				2,80		
								Schedule	e D (Forn	n 990)	2019

|--|

Part VII	Investments - Other Securities.			
(a) Descrir	Complete if the organization answered "Yes" continuing name of security of Category (including name of security)	n Form 990, Part IV, line (b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of 	of-vear market value
	at device the second			
. ,	al derivatives held equity interests			
(2) Olosely (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Coll. Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>15.)</u>		
FartA				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
<u>1.</u>	(a) Description of liability			(b) Book value
	deral income taxes			1 270 100
	PP LOAN PAYABLE			1,279,100.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 270 100
I otal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>		1,279,100.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 ANY BABY CAN OF AUSTIN,	INC.	**_	***4335 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Rever		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	11,763,955.
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			11,763,955.
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.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			11,763,955.
Pa	t XII Reconciliation of Expenses per Audited Financial State	tements With Expe	nses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	11,458,791.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			11,458,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>,)</u>		11,458,791.
Pa	t XIII Supplemental Information.			

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

PART V, LINE 4:

	ANY	BABY CAN MAINTAINS	TWO	ENDOWMENT	FUNDS	ESTABLISHED	FOR	THE	BENEFIT	0
--	-----	--------------------	-----	-----------	-------	-------------	-----	-----	---------	---

CHILDREN IN THE AUSTIN COMMUNITY NOW AND IN THE FUTURE.

932054 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	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.								
Department of the Treasury		Attach to Form 990						Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	F orm Lawrence in la	Inspection	
		Y CAN OF AUSTIN, I	NC.				**-**4	entification number 335	
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not	
· · ·		ed funds through any of the followin	g activ	rities. (Check all that apply.				
a Mail solicitat					overnment grants				
b Internet and c Phone solici	email solicitations tations	s f Solicita g Special		-	nment grants events				
d 🗌 In-person so	licitations	0 1		5					
		or oral agreement with any individual				tees,			
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			0	ne fur	Maraiser is to be		
compensated at le	•	· /·		5					
	a af in dividual		(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid	
(i) Name and addres or entity (func		(ii) Activity	have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	Ì	fundraiser ted in col. (i)	to (or retained by) organization	
			Yes	No					
Total									
 List all states in whi or licensing. 	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2019	

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 ANY BABY CAN OF AUSTIN, INC.

-*<u>4</u>335 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 HARVEST CLASSIC	(b) Event #2 BENEFIT CONCERT	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	75,000.	168,881.	71,858.	315,739
2	Loss: Contributions				
2					
3	Gross income (line 1 minus line 2)	75,000.	168,881.	71,858.	315,739
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
			20,908.		20,908
					20,908
				•	294,831
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a)
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
				Yes %	
6	Volunteer labor	No	No	No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
			atatao?		Yes
We	ere any of the organization's gaming licenses r	evoked, suspended, or te	erminated during the tax ye	ear?	Yes N
lf "`	Yes," explain:				
	3 4 5 6 7 8 9 10 1 1 2 3 4 5 6 7 8 Enrit Isist I "	 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Noncash prizes 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 7 1 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 7 9 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 7 1 Enter the state(s) in which the organization conduct gaming a lif "No," explain: 	3 Gross income (line 1 minus line 2) 75,000. 4 Cash prizes	3 Gross income (line 1 minus line 2) 75,000. 168,881. 4 Cash prizes	3 Gross income (line 1 minus line 2) 75,000. 168,881. 71,858. 4 Cash prizes

Schedule G (Form 990 or 990 EZ) 2019 ANY BABY CAN OF AUSTIN, INC.	** - **4 335 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or	other entity formed
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special ev	ents books and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives	gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$	and the amount
of gaming revenue retained by the third party $ ightarrow$ \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name 🕨	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming	proceeds to
retain the state gaming license?	YesNo
b Enter the amount of distributions required under state law to be distributed to other exempt o	rganizations or spent in the
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See ins	tructions.
932083 09-11-19 31	Schedule G (Form 990 or 990-EZ) 2019

Г	Part IV	Supplemental I	nformation	(a a ation	1)			
S	Schedule G (Form 990 or 990-EZ)	ANY	BABY	CAN	OF	AUSTIN,	INC

	luea)	
 		 Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, an ete if the organization Go to www.ir	nd Individua	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2019 Open to Public Inspection
Name of the organizati								Employer identification number
Part I General In	ANY BABY		STIN, INC.					**-***4335
1 Does the organiz criteria used to a	ation maintain records t ward the grants or assis	to substantiate the stance?	-					
	IV the organization's pro d Other Assistance to I					anization answered "Y	es" on Form 990 Part	IV line 21 for any
	nat received more than \$	•						
	ldress of organization vernment	(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
2 Enter total numb	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	•	•	•	
	er of other organizations							
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

33

Schedule I (Form 990) (2019) ANY BABY CAN OF	AUSTIN,	INC.			**-** 4 335 Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form S	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BASIC NEEDS	543	317,773.	12,398.	505m	CLOTHING, BABY SUPPLIES, AND OTHER HOUSEHOLD ITEMS.
	545	517,775.	12,390.		STREE ROOSEROLD TIERS.
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.	

34

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)		Compensation Information		OMB No. 1	545-004	47
		- For certain Officers, Directors, Trustees, Key Employees, and Highest		2010		
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2019		
Denar	tment of the Tressury		Open to	Publ	ic	
Intern	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Nam	e of the organizatio		Employer i			nber
		ANY BABY CAN OF AUSTIN, INC.	**_*	**433	5	
Ра	rt I Question	s Regarding Compensation				
	o				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or e	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for con					
		cation and gross-up payments Health or social club dues or initiation fee				
		spending account				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
		, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re			4a		37
a						X
b		ceive payment from, a supplemental nonqualified retirement plan?				X X
с	c Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the					
а	-			5a		x
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а		~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2019

ANY BABY CAN OF AUSTIN, INC.

Page 2

 Schedule J (Form 990) 2019
 ANY
 BABY
 CAN
 OF
 AUSTIN
 INC
 -4335

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) VERONDA L. DURDEN	(i)	178,392.	0.	0.	0.	5,190.	183,582.	0	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

932112 10-21-19

36

hedule J (Form 990) 2019 ANY BABY CAN OF AUSTIN, INC.

Schedule J (Form 990) 2019 ANT

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019



-*4335 Page 3

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

/

Q

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/

Go to www.irs.gov/Form990 for instructions and the latest information.

Nam	e of the organization				Employer id			nber
	ANY BABY CAN	OF AU	STIN, INC	•	**	-***4	335	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont		•	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 \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PARKING)	X	0	28,162.0				
26	Other (BABY ITEMS)	X	0	21,553.0				
27	Other (DISCOUNTED HE)	X	0	12,398.0				
28	Other Ot	X	0	6,000.0	COST			
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 through	n 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be use	ed for			
	exempt purposes for the entire holding period?	·				. <u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ons?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				1

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2019

32a

х

932141 09-27-19

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2019 932142 09-27-19 39

15240709 756800 2009806

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Go to www.irs.gov/Form990 for the latest information.



ANY BABY CAN OF AUSTIN, INC.

Employer identification number **-***4335

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

SPEECH, OCCUPATIONAL), PARENT EDUCATION, MENTAL HEALTH COUNSELING,

MEDICAL CASE MANAGEMENT, RESOURCE NAVIGATION AND OTHER FAMILY SUPPORT

SERVICES.

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

MANAGEMENT, RESOURCE NAVIGATION AND OTHER SUPPORT SERVICES. WITH A

FOCUS ON CHILD DEVELOPMENT, WE GUIDE FAMILIES IN BUILDING CONFIDENCE,

NURTURING HEALTHY RELATIONSHIPS, AND PLANNING FOR THE FUTURE.

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.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

G, AS WELL.
ON REQUEST. THE FINANCIAL STATEMENTS AND FORM ORGANIZATION'S WEBSITE. THE FORM 990 IS
LICT OF INTEREST POLICY, FINANCIAL STATEMENTS

ANY BABY CAN OF AUSTIN, INC.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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 use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	Taxpayer identification number (TIN)							
print	ANY BABY CAN OF AUSTIN, INC.					**-**4335			
File by the due date for filing your return. See	he e for ur 6207 SHERTDAN AVENUE								
instructions.	City, town or post office, state, and ZIP code. For a for AUSTIN, TX 78723	oreign addi	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)						
Applicat	ion	Return	Application	Return					
Is For		Code	Is For	Code					
Form 990) or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990)-BL	02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990)-PF	04	Form 5227			10			
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990)-T (trust other than above) NATALIE RUSSELI	06	Form 8870			12			
 If the If this box 1 1 ree the 2 If the 	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga calendar year or X tax year beginning <u>SEP 1, 2019</u> he tax year entered in line 1 is for less than 12 months, cl Change in accounting period	Group Exe and atta JUL: anization's , an heck reaso	mption Number (GEN) I ch a list with the names and TINs of <u>Z</u> 15, 2021 , to file return for: d endingAUG 31, 2020 on:Initial return	f this is fo all membe	r the whole g ers the extens npt organizati 	roup, check this sion is for.			
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.			
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
estimated tax payments made. Include any prior year over			owed as a credit.	3b	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your pa			n this form, if required, by						
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.			
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	EO for payment			
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2020)			