		00	Return of	* PUBL: <b>Orgar</b>	IC DISCLOSURI	e co 1 <b>pt F</b>	PY ** From Ir	ncome T	ax	OMB No. 1545-0047				
Forr	n <b>9</b>	90			7(a)(1) of the Internal R				ndations					
Depa	rtment o	of the Treasury nue Service			curity numbers on this form990 for instruction		-	•		Open to Public Inspection				
			ar year, or tax year beg		EP 1, 2022				023	Inspection				
Bc	heck if	C Name o	f organization					D Employer i		ation number				
	Addres	ANY	BABY CAN OF	AUSTIN	TNC.									
	Name		usiness as		/ 11(01			**_**	*433	5				
	Initial return		and street (or P.O. box if	mail is not de	livered to street address)		Room/suite	E Telephone	number	<u> </u>				
	Final return/	6207	SHERIDAN AV				rio oni, ouno	512-4		743				
	termin ated		own, state or province, c		ZIP or foreign postal co	de		<b>G</b> Gross receipts \$ 14,289,488.						
	Ameno		IN, TX 7872		5 1			H(a) Is this a g	roup ret					
	Applic tion pendir		nd address of principal o	officer: VER	ONDA L. DURD	EN		for subor		Yes X No uded? Yes No				
<u> </u>	- 2V-0V	empt status:		(c) (	(insert no.) 494	7(a)(1)	or 527	1		st. See instructions				
	Vebsit		ANYBABYCAN . O			n (a)(1)		<b>H(c)</b> Group ex						
					ssociation Other		I Year			State of legal domicile: TX				
	rt I	Summary												
	1	Briefly describ	be the organization's miss	sion or most	significant activities:	VITH	A FOC	US ON CH	ILD					
Governance			MENT, ANY BAI							L,				
'nar	2	Check this bo	x if the organi	zation disco	ntinued its operations o	r dispos	sed of more	than 25% of its	net asse	its.				
levo	3	Number of vo	ting members of the gov	erning body	(Part VI, line 1a)				3	25				
	4	Number of inc	dependent voting membe	ers of the go						25				
s S			of individuals employed							190				
/itie			of volunteers (estimate if							375				
Activities &	7a	Total unrelate	d business revenue from	Part VIII, co					_	0.				
<	b	Net unrelated	business taxable income	e from Form	990-T, Part I, line 11 .				. 7b	0.				
								Prior Year		Current Year				
Ø	8	Contributions	and grants (Part VIII, line	e1h)				12,808,1	.66.	11,846,602.				
ň	9	Program servi	ice revenue (Part VIII, line	e 2g)				2,183,9		2,315,914.				
Revenue	10	Investment in	come (Part VIII, column (/	A), lines 3, 4	, and 7d)			31,0		76,743.				
æ	11	Other revenue	e (Part VIII, column (A), lir	nes 5, 6d, 8c	, 9c, 10c, and 11e)			193,5		13,008.				
	12	Total revenue	- add lines 8 through 11	(must equal	Part VIII, column (A), line	e 12)		15,216,8		14,252,267.				
	13	Grants and sir	milar amounts paid (Part	IX, column (	A), lines 1-3)			723,6		269,016.				
	14	Benefits paid	to or for members (Part I	X, column (A	), line 4)				0.	0.				
ŝ	15		r compensation, employe					11,324,2		12,045,208.				
Expenses	16a	Professional f	undraising fees (Part IX, o	column (A), I	ine 11e)				0.	0.				
gx	b		ing expenses (Part IX, co			0,64	44.		10					
ш	''	-	es (Part IX, column (A), lir					2,248,9		2,579,400.				
			es. Add lines 13-17 (must					14,296,7		14,893,624.				
	19	Revenue less	expenses. Subtract line	18 from line	12			920,0		<u>-641,357.</u>				
Net Assets or Fund Balances							Ве	ginning of Curren		End of Year				
sset	20						······	9,780,7		8,590,598.				
et A	21		(Part X, line 26)					1,881,4		1,294,151.				
		Net assets or Signature	fund balances. Subtract	line 21 from	line 20			7,899,2	40.	7,296,447.				
	art II			ad this sature	including accompanying a	abadula	o and atatara	into and to the ba	at of mult	nowladge and balief it is				
			I declare that I have examine						-	mowieuge and bellet, it is				
<u>u ue,</u>	correc		Declaration of preparer (ot		n j is based off all informati	UII UI Wľ	non preparer	07/15/2						
0.		Signature of or	<u>L. Durden</u> fficer					Date	2024					
Sig		Ŭ		סקקפדסי	ENT AND CEO			Duto						
Her	e	Type or print n		L KEGID.	TIT AND CEO									
		Print/Type pre			Preparer's signature			Date $7/12/24$	Check					

07/12	/24 self-employed P01063809
LLP	Firm's EIN **-***6316
XPWY, STE. D250	
	Phone no. 512.609.1900
? See instructions	X Yes No
	LLP PWY, STE. D250

232001 12-13-2	2 LHA For Pap	erwo	ork Redu	uction Act Notice, see the	e separate instr	uctions.	
C.L.	F COUFDILL	$\cap$	FOD	OPCANTZATTON	MTCCTON	CUTYUENE	CONTINUE

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	ANY BABY CAN OF AUSTIN, INC.	**-***4335 Page <b>2</b>
	rt III Statement of Program Service Accomplishments	
	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, PAR	TNERS WITH PARENTS SO
	CHILDREN REACH THEIR FULL POTENTIAL. WITH PRO	GRAMS THAT MEET CLIENTS
	WHERE THEY ARE AT HOME, WORK OR SCHOOL ANY	BABY CAN PROVIDES IN-HOME
	THERAPY, PARENT EDUCATION, MENTAL HEALTH COUN	SELING, MEDICAL CASE
2	Did the organization undertake any significant program services during the year which wer	e not listed on the
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, ar	ny program services? Yes 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 a	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 13,966,646. including grants of \$ 26	<b>59,016.</b> ) (Revenue \$ 2,315,914.)
	EACH YEAR, ANY BABY CAN SERVES MORE THAN 3,00	
	CENTRAL TEXAS. SERVICES RANGE FROM PARENTING	CLASSES TO IN-HOME
	THERAPIES AND DEVELOPMENTAL SUPPORT, PARENT E	DUCATION, RESOURCE
	NAVIGATION AND MORE.	· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$ including grants of \$	) (Bevenue \$
	( ), ( ), (	, (
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
14		Revenue \$ )
4e	Total program service expenses 13,966,646.	) 
10		Form <b>990</b> (2022)
232000	2 12-13-22	
202002	3	

Form	990	(2022)

 Form 990 (2022)
 ANY
 BABY
 CAN
 OF
 AUSTIN,
 INC.

 Part IV
 Checklist of Required Schedules
 Canada
 OF
 AUSTIN,
 INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
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 I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "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? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	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		
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	0000	X
232003	3 12-13-22	Form	<b>990</b> (	(2022)

232003 12-13-22

Form	990	(2022)
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 Form 990 (2022)
 ANY
 BABY
 CAN
 OF
 AUSTIN
 INC.

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

			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 the 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? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
0L	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	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			
04		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	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?	000		<u> </u>
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
38		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	30	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			
			V	
<b>a</b> -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 73		Yes	No
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1-	X	
00000		Eorm		(2022)
232004	<sup>112-13-22</sup> 5			(2022)

### 15470712 756800 2009806

Form	990 (2022) ANY BABY CAN OF AUSTIN, INC. **-***4	335	Pa	age <b>5</b>
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 190			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	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		<u> </u>
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:			
	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.)	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	<b>Note:</b> 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			
	Enter the amount of reserves on hand 13c	14-		X
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	17		
232005	5 12-13-22	Form	990	(2022)

# 15470712 756800 2009806

Form 990 (2	022
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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.

	tion A. Governing Body and Management					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		25			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<u> </u>	nv other				
_	officer, director, trustee, or key employee?			ľ	2		x
3	Did the organization delegate control over management duties customarily performed by or under the			ייייייייייייייייייייייייייייייייייייי			
-	of officers, directors, trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			ſ	6		X
7a							
74	more members of the governing body?				7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				74		
D.					7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10		
a	The governing body?	-	-	ľ	8a	х	
a h	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			·····	00	21	
9					9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			<u></u>	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Vaa	
10-	Did the superior tion have lead shorters buy shorters or efficience			ſ	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			·····	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	v	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the f	orm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe				
	on Schedule O how this was done			r	12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent				
	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 on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its pa	articipation				
	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		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990 <sup>.</sup>	T (section 5	i01(c)(3)s	only)	availat	ole
	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 Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	olicy, and	financ	cial	
	statements available to the public during the tax year.		•				
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records				
20							
20	NATALIE RUSSELL - 512-334-4472						
20							

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)         (D)         (E)         (F)           Name and title         Average Nors for week         Name and title         Average Nors for restances         Nors for restances         Reportable compensation for restances           (1)         VERONDA DURDEN         40.000         X         X         142,547.         0.         8,999.           (3)         ALEXANDRA ALEAN         40.000         X         X         122,198.         0.         6,065.           (4)         GUILIDENT AN EFIZE         40.000         X		or any related .	<u>u gu</u>	mzu	uon	0011	ipen	Juic	d any canone chicor, a		
Name and this     Average from the sector more that one more	(A)	(B)			_ (0	C)			(D)	(E)	(F)
hours per veck week (list and y minimized and anticulated organizations         compensation from the organizations         compensation from the organizations         compensation from the organizations         amount of other compensation from the organizations           (1) VERONDA DURDEN         40.00         x         203,435.         0.         6,905.           (2) NATALIC RUSSEL         40.00         x         142,547.         0.         8,999.           (3) ALEXANDRA ALFAN         40.00         x         142,547.         0.         8,357.           (4) OULLERMO LOPEZ         40.00         x         112,155.         0.         6,065.           (5) MARISCI RAVITINE         2.00         x         112,155.         0.         6,065.           (6) TONTA METZLEY         2.00         x         x         0.         0.         0.           BOARD CHAIR         2.00         x         x         0.         0.         0.         0.           (6) TONTA METZLEY         2.00         x         x         0.         0.         0.         0.           BOARD CHAIR         2.00         x         x         0.         0.         0.         0.           BOARD CO-TREASURER         2.000         x         x         0.	Name and title	Average	(do			Reportable	Reportable	Estimated			
Week (ist ary organizations below line)         week organizations below line)         week organizations line)         week organizations line) <td></td> <td>hours per</td> <td>box</td> <td>, unles</td> <td>ss per</td> <td>rson is</td> <td>s both</td> <td>an</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>		hours per	box	, unles	ss per	rson is	s both	an	compensation	compensation	amount of
(1)         VERONDA DURDEN         40.00         x         203,435.         0.         6,905.           CHIEF FINANCIAL OFFICER         40.00         x         142,547.         0.         8,999.           (3)         AALEXANDRA ALFAU         40.00         x         142,547.         0.         8,999.           (3)         ALEXANDRA ALFAU         40.00         x         122,198.         0.         6,065.           (4)         GUILLERMO LOPEZ         40.00         x         112,155.         0.         8,357.           (5)         MARISON RAMLINS         2.00         x         x         0.         0.         0.           BOARD CHAR         22.00         x         x         0.         0.         0.           (6)         TONTA NETZLEY         2.00         x         x         0.         0.         0.           (7)         JESSE HOLGUIN         2.00         x         x         0.         0.         0.           BOARD VICE-CHAR         x         x         0.         0.         0.         0.           (6)         ALEXANDRIA ROBERTSON         2.00         x         x         0.         0.         0.		week	<u> </u>	cer an	d a d	irecto	r/trust	tee)	from	from related	other
(1)         VERONDA DURDEN         40.00         x         203,435.         0.         6,905.           CHIEF FINANCIAL OFFICER         40.00         x         142,547.         0.         8,999.           (3)         AALEXANDRA ALFAU         40.00         x         142,547.         0.         8,999.           (3)         ALEXANDRA ALFAU         40.00         x         122,198.         0.         6,065.           (4)         GUILLERMO LOPEZ         40.00         x         112,155.         0.         8,357.           (5)         MARISON RAMLINS         2.00         x         x         0.         0.         0.           BOARD CHAR         22.00         x         x         0.         0.         0.           (6)         TONTA NETZLEY         2.00         x         x         0.         0.         0.           (7)         JESSE HOLGUIN         2.00         x         x         0.         0.         0.           BOARD VICE-CHAR         x         x         0.         0.         0.         0.           (6)         ALEXANDRIA ROBERTSON         2.00         x         x         0.         0.         0.			ector							U U	compensation
(1)         VERONDA DURDEN         40.00         x         203,435.         0.         6,905.           CHIEF FINANCIAL OFFICER         40.00         x         142,547.         0.         8,999.           (3)         AALEXANDRA ALFAU         40.00         x         142,547.         0.         8,999.           (3)         ALEXANDRA ALFAU         40.00         x         122,198.         0.         6,065.           (4)         GUILLERMO LOPEZ         40.00         x         112,155.         0.         8,357.           (5)         MARISON RAMLINS         2.00         x         x         0.         0.         0.           BOARD CHAR         21.00         x         x         0.         0.         0.           (6)         TONTA NETZLEY         2.00         x         x         0.         0.         0.           (7)         JESSE HOLGUIN         2.00         x         x         0.         0.         0.           BOARD YCE-CHAR         x         x         0.         0.         0.         0.           (6)         ALEXANDRIA ROBERTSON         2.00         x         x         0.         0.         0.           B			or dir	a			ited		Ũ	•	from the
(1)         VERONDA DURDEN         40.00         x         203,435.         0.         6,905.           CHIEF FINANCIAL OFFICER         40.00         x         142,547.         0.         8,999.           (3)         AALEXANDRA ALFAU         40.00         x         142,547.         0.         8,999.           (3)         ALEXANDRA ALFAU         40.00         x         122,198.         0.         6,065.           (4)         GUILLERMO LOPEZ         40.00         x         112,155.         0.         8,357.           (5)         MARISON RAMLINS         2.00         x         x         0.         0.         0.           BOARD CHAR         21.00         x         x         0.         0.         0.           (6)         TONTA NETZLEY         2.00         x         x         0.         0.         0.           (7)         JESSE HOLGUIN         2.00         x         x         0.         0.         0.           BOARD YCE-CHAR         x         x         0.         0.         0.         0.           (6)         ALEXANDRIA ROBERTSON         2.00         x         x         0.         0.         0.           B			stee (	ruste			Densa		•	1099-NEC)	
(1)         VERONDA DURDEN         40.00         X         203,435.         0.         6,905.           CHIEF FINANCIAL OFFICER         40.00         X         142,547.         0.         8,999.           (3)         AALEXANDEA ALFAU         40.00         X         142,547.         0.         8,999.           (3)         ALEXANDEA ALFAU         40.00         X         122,198.         0.         6,065.           (4)         GUILLERMO LOPEZ         40.00         X         112,155.         0.         8,357.           (5)         MARISON RAMLINS         2.00         X         X         0.         0.         0.           BOARD CHAIR         2.00         X         X         0.         0.         0.           (6)         TONTA NETZLEY         2.00         X         X         0.         0.         0.           BOARD VICE-CHAIR         X         X         0.         0.         0.         0.         0.           (6)         TONTA NETZLEY         2.00         X         X         0.         0.         0.         0.           (6)         ALEXANDEA ADBERTSON         2.00         X         X         0.         0. <td< td=""><td></td><td></td><td>al tru</td><td>onal t</td><td></td><td>loyee</td><td>comp</td><td></td><td>1099-NEC)</td><td></td><td></td></td<>			al tru	onal t		loyee	comp		1099-NEC)		
(1)         VERONDA DURDEN         40.00         x         203,435.         0.         6,905.           CHIEF FINANCIAL OFFICER         40.00         x         142,547.         0.         8,999.           (3)         AALEXANDRA ALFAU         40.00         x         142,547.         0.         8,999.           (3)         ALEXANDRA ALFAU         40.00         x         122,198.         0.         6,065.           (4)         GUILLERMO LOPEZ         40.00         x         112,155.         0.         8,357.           (5)         MARISON RAMLINS         2.00         x         x         0.         0.         0.           BOARD CHAR         21.00         x         x         0.         0.         0.           (6)         TONTA NETZLEY         2.00         x         x         0.         0.         0.           (7)         JESSE HOLGUIN         2.00         x         x         0.         0.         0.           BOARD YCE-CHAR         x         x         0.         0.         0.         0.           (6)         ALEXANDRIA ROBERTSON         2.00         x         x         0.         0.         0.           B			ividu	titutio	icer	y emp	ploye	mer			organizations
PRESIDENT AND CHIEF EXECUTIVE OFFICE         X         203,435.         0.         6,905.           (2) NATALIE RUSSELL         40.00         X         142,547.         0.         8,999.           (3) ALEXANDRA ALFAU         40.00         X         122,198.         0.         6,065.           (4) GUILERON LOPEZ         40.00         X         122,198.         0.         6,065.           (4) GUILERON LOPEZ         40.00         X         112,155.         0.         8,357.           (5) MARISOL RANLINS         2.00         X         X         0.         0.         0.           BOARD CHAIR         X         X         0.         0.         0.         0.         0.           (6) TONA NETZLEY         2.00         X         X         0.         0.         0.           BOARD CO-TRRASURER         X         X         0.         0.         0.         0.           (9) DERT FOODERS         2.00         X         X         0.         0.         0.           BOARD CO-TRRASURER         X         X         0.         0.         0.         0.           (9) DERT FOODERS         2.000         X         X         0.         0.         0.		,	- Du	Ins	0ff	Ke	em	Foi			
(2)         NATALLE RUSSLL         40.00         X         142,547.         0.         8,999.           CHLEF FINANCIAL OPFICER         40.00         X         122,198.         0.         6,065.           (4)         GUILERMO LOPEZ         40.00         X         112,155.         0.         8,357.           (5)         MARISOL RAWLINS         2.00         X         X         0.         0.         0.           BOARD CHAIR         X         X         0.         0.         0.         0.         0.           BOARD CHAIR         X         X         0.         0.         0.         0.         0.           BOARD CHAIR         X         X         0.         0.         0.         0.         0.           BOARD VICE-CHAIR         X         X         0.	(-)	40.00			v				203 435	0	6 905
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CHIEF PROGRAM OFFICER         40.00         X         122,198.         0.         6,065.           C(4) GUILLERMO LOPEZ         40.00         X         112,155.         0.         8,357.           ECI SENIOR DIRECTOR         X         X         0.         0.         0.         0.           BOAD CHAIR         X         X         X         0.         0.         0.           GOAD CHAIR         X         X         0.         0.         0.         0.           GOAD VICE-CHAIR         X         X         0.         0.         0.         0.           GOAD CC-TREASURER         X         X         0.         0.         0.         0.           GOAD CC-TREASURER         X         X         0.         0.         0.         0.           GOAD CO-TREASURER         X         X         0.         0.         0.         0.           GOAD CO-TREASURER         Z.000         X         X         0.         0.         0.           IDARD CO-TREASURER         Z.000         X         X         0.         0.         0.           IDARECTOR         Z.000         X         X         0.         0.         0.		40.00			~				112, 517.	• •	0,000
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HCI SENIOR DIRECTOR         X         112,155.         0.         8,357.           (5)         MARISOL RAWLINS         2.00         X         0.         0.         0.           BOARD CHAIR         X         X         0.         0.         0.         0.           BOARD CO-TREASURER         X         X         0.         0.         0.         0.           BOARD CO-TREASURER         2.000         X         X         0.         0.         0.           BOARD CO-TREASURER         2.000         X         X         0.         0.         0.           IDARD SCREATARY         X         X         0.         0.         0.         0.         0.           (10) DAVID BADER         2.000         X         0.         0.         0.         0.         0.         0.           (11) KIRBY BAIRD         2.000         X         0.         0.		40.00							122,190.		0,005.
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(6)         TONYA NETZLEY         2.00         X         X         X         0.	BOARD CHAIR		x		х				0.	0.	0.
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(9)BRETT RODGERS2.00XXX0.0.0.BOARD SECRETARYXXX0.0.0.0.0.(10)DAVID BADER2.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(11)KIRBY BAIRD2.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(12)DAVID BANK, MD2.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(13)PATRICIA BOOSER2.00X0.0.0.0.0.(14)SARAH CHURCHILL LLAMAS2.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.0.(16)JULIE HAJEK2.00X0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.0.(17)LEAH HARRIS, MD2.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.	(8) ALEXANDRIA ROBERTSON	2.00									
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(10) DAVID BADER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) KIRBY BAIRD       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) DAVID BANK, MD       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13) PATRICIA BOOSER       2.00       X       0.       0	(9) BRETT RODGERS	2.00									
DIRECTOR         X         0. <t< td=""><td>BOARD SECRETARY</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	BOARD SECRETARY		Х		Х				0.	0.	0.
(11) KIRBY BAIRD       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) DAVID BANK, MD       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) PATRICIA BOOSER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.       0.         01RECTOR       X       0. <td>(10) DAVID BADER</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) DAVID BADER	2.00									
DIRECTORX0.0.0.(12) DAVID BANK, MD2.00X0.0.0.DIRECTORX0.0.0.0.(13) PATRICIA BOOSER2.00X0.0.0.DIRECTORX0.0.0.0.(14) SARAH CHURCHILL LLAMAS2.00X0.0.DIRECTORX0.0.0.0.(15) RAKIMA DOLLIOLE PARSON2.000.0.0.DIRECTORX0.0.0.0.(16) JULIE HAJEK2.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(12) DAVID BANK, MD2.00X0.0.0.DIRECTORX0.0.0.0.0.(13) PATRICIA BOOSER2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(14) SARAH CHURCHILL LLAMAS2.00X0.0.0.DIRECTORX0.0.0.0.0.(15) RAKIMA DOLLIOLE PARSON2.00X0.0.0.DIRECTORX0.0.0.0.0.(16) JULIE HAJEK2.00X0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.	(11) KIRBY BAIRD	2.00									
DIRECTOR       X       0.       0.       0.       0.         (13) PATRICIA BOOSER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) SARAH CHURCHILL LLAMAS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) RAKIMA DOLLIOLE PARSON       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JULIE HAJEK       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JULIE HAJEK       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(13) PATRICIA BOOSER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) SARAH CHURCHILL LLAMAS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) RAKIMA DOLLIOLE PARSON       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JULIE HAJEK       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JULIE HAJEK       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.	(12) DAVID BANK, MD	2.00									
DIRECTOR       X       0.       0.       0.       0.         (14) SARAH CHURCHILL LLAMAS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) RAKIMA DOLLIOLE PARSON       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JULIE HAJEK       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(14) SARAH CHURCHILL LLAMAS2.00X0.0.0.DIRECTORX0.0.0.0.0.(15) RAKIMA DOLLIOLE PARSON2.00X0.0.0.DIRECTORX0.0.0.0.0.(16) JULIE HAJEK2.00X0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.	(13) PATRICIA BOOSER	2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) RAKIMA DOLLIOLE PARSON       2.00       X       0.       0.       0.       0.         DIRECTOR       X       2.00       X       0.       0.       0.       0.         (16) JULIE HAJEK       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         UIRECTOR       X       0.       0.       0.       0.       0.       0.	(14) SARAH CHURCHILL LLAMAS	2.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(16) JULIE HAJEK     2.00     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       (17) LEAH HARRIS, MD     2.00     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.		2.00									_
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(17) LEAH HARRIS, MD DIRECTOR X 0. 0. 0.		2.00									_
DIRECTOR X 0. 0. 0.			X						0.	0.	0.
		2.00									-
	DIRECTOR		Х						0.	0.	0 • Eorm <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

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Form 990 (2022) ANY BABY	CAN OF	ΑÜ	JST	'IN	Γ,	IN	[C .	,	**-***4	335	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)		,		C)			(D)	(E)		(F)
Name and title	Average			Pos	itior			Reportable	Reportable		mated
	hours per			heck i ss per				compensation	compensation		ount of
	week			nd a di				from	from related		ther
	(list any	ctor						the	organizations		ensation
	hours for	- direc				5		organization	(W-2/1099-MISC/		n the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	orgar	nization
	organizations	trust	nal tri		oyee	ompe		1099-NEC)		and	related
	below	Individual trustee or director	nstitutional trustee	Ber	Key employee	lest c	ner			organ	izations
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Former				
(18) CASEY KNUST	2.00										
DIRECTOR		Х						0.	0.		0.
(19) JANET LAWSON, MD	2.00										
DIRECTOR		Х						0.	0.		0.
(20) TRACY LETZERICH	2.00										
DIRECTOR		x						0.	0.		0.
(21) VILMA LUNA	2.00										-
DIRECTOR		x						0.	0.		0.
(22) ZEENA QUERBACH	2.00										
DIRECTOR	2.00	x						0.	0.		0.
(23) COLLEEN RASMUSSEN LYNCH	2.00					-		0.	0.		0.
	2.00	-						0.	0		0
DIRECTOR	2 00	X	<u> </u>					0.	0.		0.
(24) CATHY SCHECHTER	2.00								0		•
DIRECTOR		X	<u> </u>			<u> </u>		0.	0.		0.
(25) JOHN SCHIERFELE UHLENBROCK	2.00										
DIRECTOR		Х						0.	0.		0.
(26) MICHELE SCOTT	2.00										
DIRECTOR		Х						0.	0.		0.
1b Subtotal								580,335.	0.	30	,326.
c Total from continuation sheets to Part V	II, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								580,335.	0.	30	,326.
2 Total number of individuals (including but n									000 of reportable		
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·			4
										Y	es No
3 Did the organization list any former officer	director trust			amnl	ove	e or	hia	hest compensated empl	ovee on		
с ,				•				• • •		3	X
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>											
											x
and related organizations greater than \$15										4	Δ
5 Did any person listed on line 1a receive or a	•				-			0	lual for services	_	v
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or si	uch r	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion from	۱
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	N	ONE	3				Description of s	ervices C	Compens	sation
2 Total number of independent contractors (i	-	ot lir	nited	d to f	thos	se lis	ted	above) who received mo	bre than		
\$100,000 of compensation from the organi					(	)					20
SEE PART VII, SECTION	N A CONT	·τΝ	UA	TI	ON	S	ΗĒ	ETS		Form 9	<b>90</b> (2022)
232008 12-13-22											

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Form 990 ANY BABY	**-**4335									
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	<b>(B)</b> Average hours	(cl	(C) Position (check all that apply)				ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SONYA THORN DIRECTOR	2.00	x						0.	0.	0.
(28) KEVIN WOOD DIRECTOR	2.00	x						0.	0.	0.
(29) GREG VAN WYK	2.00									
DIRECTOR		X						0.	0.	0.
Tatal ta Dast VIII. Os ell'est A. Pass d										
Total to Part VII, Section A, line 1c								1	I	

232201 04-01-22

Form	990	0 (2	ANY BABY CAN	N OF	' AUSTIN	N, INC.		**_***4	335 Page 9
Pa						·			<u>v</u>
			Check if Schedule O contains a respons	se or n	ote to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									300110113 012 014
nts nts	1		Federated campaigns 1a						
àra oui			Membership dues 1b						
¶a,0		С	Fundraising events 1c		340,833.				
ar j		d	Related organizations 11						
, sil			Government grants (contributions) 1e	9	9,034,470.				
Sil			All other contributions, gifts, grants, and						
Contributions, Gifts, Grants and Other Similar Amounts		1	similar amounts not included above <b>1f</b>	2	2,471,299.				
έġ					13,192.				
ont Dd		-	Noncash contributions included in lines 1a-1f		13,172.	11 946 600			
<u> </u>		h	Total. Add lines 1a-1f			11,846,602.			
					usiness Code				
e	2	а	MEDICAL BILLING	6	24100	2,315,914.	2,315,914.		
ž		b							
jram Ser Revenue		с							
E N		d		-  -					
gra Be		å		-  -					
Program Service Revenue		e		-  -					
<u>۳</u>			All other program service revenue			0.015.014			
		g	Total. Add lines 2a-2f			2,315,914.			
	3		Investment income (including dividends, inte	terest, a	and				
			other similar amounts)			76,743.			76,743.
	4		Income from investment of tax-exempt bond						
	5		Royalties	-					
	-		(i) Real		ii) Personal				
	6	а		`	,				
	0	a							
		D	Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d	Net rental income or (loss)	<u></u>					
	7	а	Gross amount from sales of (i) Securities	es	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
Ð			and sales expenses						
evenue		~	Gain or (loss)						
eve									
r, B	_		Net gain or (loss)	<u></u>					
Other	8	а	Gross income from fundraising events (not						
ō			including \$ 340,833. of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	41,383.				
		b		8b	37,221.				
			Net income or (loss) from fundraising events			4,162.			4,162.
			Gross income from gaming activities. See	<u> </u>		- /			- / - · - •
	9	а							
				9a					
		b	Less: direct expenses	9b					
		с	Net income or (loss) from gaming activities_						
	10	а	Gross sales of inventory, less returns						
				10a					
		h		10b					
			U L						
		С	Net income or (loss) from sales of inventory						
s					usiness Code				
e Sou	11	а	MISCELLANEOUS	9	00001	8,846.			8,846.
ane		b							
scellaneo <u>Revenue</u>		с							
Miscellaneous <u>Revenue</u>			All other revenue	-  -					
Σ			Total. Add lines 11a-11d			8,846.			
I	12	J				14,252,267.	2,315,914.	0.	89,751.
		_	Total revenue. See instructions			11,202,207.	,515,514.	· · ·	
232009	9 12-	13-	22						Form <b>990</b> (2022)

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

56,834.

508,732.

3,297.

43,052.

42,042.

2,029.

20,623.

6,213.

14,434.

9,557.

9,897.

787.

20,216.

3,612.

8,505.

750,644.

114.

700.

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 response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 269,016. 269,016. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors,

354,642.

9,882,036.

104,241.

939,188.

765,101.

44,393.

1,349,234.

1,559.

69,362.

232,811.

127,175.

199,483.

118,163.

166,693.

133,044.

120,978.

14,893,624.

8,505.

8,000.

213,487.

9,355,396.

99,220.

890,299.

716,162.

42,159.

1,328,081.

859.

61,246.

210,424.

114,783.

199,242.

104,822.

163,860.

74,269.

8,000.

115,321.

13,966,646.

84,321.

17,908.

1,724.

5,837.

6,897.

205.

530.

1,903.

7,953.

2,835

3,444.

2,046.

2,045.

38,559.

176,334.

127.

trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Other employee benefits 9 10 Payroll taxes

11 Fees for services (nonemployees): Management а b Legal С Accounting

Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties

16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22

23 Insurance Other expenses. Itemize expenses not covered 24 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 O.) PROFESSIONAL DEVELOPMEN а OTHER BUSINESS EXPENSES h COMMUNICATION С d MISCELLANEOUS FUNDRAISI

e All other expenses Total functional expenses. Add lines 1 through 24e 25

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)

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Form 990 (2022)

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33

Total liabilities and net assets/fund balances

9,780,728.

33

8,590,598.

Form **990** (2022)

ANY BABY CAN OF AUSTIN, INC
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		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	755,621.	1	380,871.
	2	Savings and temporary cash investments	2,856,101.	2	2,904,071.
	3	Pledges and grants receivable, net	2,257,002.	3	1,440,793.
	4	Accounts receivable, net	206,475.	4	183,914.
	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			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
◄	9	Prepaid expenses and deferred charges	80,382.	9	88,217.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,745,270.	2 025 040		
		Less: accumulated depreciation 10b 1,014,695.	2,825,840. 799,307.	10c	2,730,575. 862,157.
	11	Investments - publicly traded securities	199,307.	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13 14	
	14 15	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,780,728.	16	8,590,598.
	17	Accounts payable and accrued expenses	1,261,892.	17	1,276,435.
	18	Grants payable		18	
	19	Deferred revenue	619,596.	19	17,716.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		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			
		of Schedule D	1 001 400	25	1 204 151
	26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here       X	1,881,488.	26	1,294,151.
ő		· —			
nce	07	and complete lines 27, 28, 32, and 33.	5,902,415.	27	5,776,273.
ala	27 28	Net assets without donor restrictions	1,996,825.	27	1,520,174.
dВ	20	Organizations that do not follow FASB ASC 958, check here	1,550,025.	20	1,520,1740
Fun		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	7,899,240.	32	7,296,447.
~	33	Total liabilities and net assets/fund balances	9.780.728.	33	8.590.598.

Form 990 (2022)

Part X Balance Sheet

Form	990 (2022) ANY BABY CAN OF AUSTIN, INC.	**_**	*4335	Pag	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,25	2,2	67.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,89	3,6	24.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-643	1,3	57.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,89	9,2	40.		
5	Net unrealized gains (losses) on investments	5	3	8,5	64.		
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	7,29	5,4	47.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х			
	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						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
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	Х			
				aan .			

Form **990** (2022)

SCHEDULE A	٩
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Department of the Treasury Internal Revenue Service

(FUIII 990)	(Form	990)
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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.

to www.irs.go	v/Form9	90 for	instructions	and the latest	t information

OMB No. 1545-0047
2022
Open to Public Inspection

ī.

# Name of the organization

Go

Name	oft	he organization							identification number			
		ANY	BABY CAN O	F AUSTIN, ING	2.				*-**4335			
Par	tl	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.				
The o	rgan	ization 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 ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	ו 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	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	or operate	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	′0(b)(1)(A)	(v).					
7	X											
г	_	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 org	•					-	-			
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
<b>10</b>		university:	II		at. f							
10		An organization that norma										
		activities related to its exen income and unrelated busin							•			
		See section 509(a)(2). (Con				ses acqui		janization a	arter Julie 30, 1973.			
11		An organization organized a		vely to test for public sa	fetv See	section 50	)9(a)(4)					
12	=	An organization organized a	-		•			rrv out the	purposes of one or			
		more publicly supported or	-	•	-			•				
		lines 12a through 12d that	-									
а		7						-	giving			
	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting											
	organization. You must complete Part IV, Sections A and B.											
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	/ing			
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	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	ion with, a	and functional	ly integrate	ed with,			
	_	its supported organization	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 cor	nnection v	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	• •		•		-	an attentiv	veness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Туре I, Туре	II, Type III				
	<b>-</b>	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0				[]			
		er the number of supported of	•	d arganization(a)								
<u> </u>	() (	vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
	-	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)			
				above (see instructions))								
			ļ						ļ			
<u>Total</u>												

ANY BABY CAN OF AUSTIN, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8247801.	9893571.	12809706.	12958598.	11846602.	55756278.
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 $\dots$						
4	Total. Add lines 1 through 3	8247801.	9893571.	12809706.	<u>12958598.</u>	<u>11846602.</u>	<u>55756278.</u>
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)						879,560.
	Public support. Subtract line 5 from line 4.						54876718.
	ction B. Total Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	8247801.	9893571.	12809706.	<u>12958598.</u>	<u>11846602.</u>	55756278.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	18,737.	29,522.	98,521.	31,094.	76,743.	254,617.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	65.		4,716.	3,473.	2,846.	
11	Total support. Add lines 7 through 10						56021995.
12	Gross receipts from related activities,					· · · ·	,021,992.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stor						
	tion C. Computation of Publi						07.06
	Public support percentage for 2022 (I	, (),		())		14	97.96 %
15	Public support percentage from 2021					15	99.62 %
16a	<b>33 1/3% support test - 2022.</b> If the d						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the fact			•	·	VI how the organiz	zation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		<u>5</u>

Schedule A (Form 990) 2022

232022 12-09-22

Schedule A	(Form 990	) 2022	ANY	BABI	CAN	OF.	AUSTIN	, INC.
Part III	Support	Schedule	for Orga	nizatior	າs Des	cribe	ed in Section	on 509(a)(2)

NY	BABY	CAN	OF	AUSTIN.	INC.

(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

Α

					,		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			•	·	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	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						
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third.	fourth. or fifth tax	vear as a section (	501(c)(3) organ	ization.
	check this box and <b>stop here</b>	-			·····		
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2021		-			16	%
Sec	tion D. Computation of Invest						
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
<b>1</b> 9a	33 1/3% support tests - 2022. If the					33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2021. If the	-	•		• •		
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	3 12-09-22		, · · -	,			ule A (Form 990) 2022
_ 5			17				· · · · · · · · · · · · · · · · · · ·

ANY BABY CAN OF AUSTIN, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

No

Yes

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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 line 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.)

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2022.06000 ANY BABY CAN OF AUSTIN, I 20098061

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#### Schedule A (Form 990) 2022 ANY BABY CAN OF AUSTIN, INC.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
c	A 359	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	ction	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		cors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	0	brted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	orgar	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	<i>I</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised. or controlled the supporting organization.	2		
Sec	ction (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the si	upported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax			

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		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, 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		
	supported organizations played in this regard.	3	

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).

a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent	of each of it	s supported	organizations.	Complete line 3 be	elow.
---	--	------------------	---------------	---------------	-------------	----------------	--------------------	-------

<b>c</b> [		] The organization supported a governm	ental entity. Describe in Part VI how	w you supported a governmental entity (see instruction <u>s).</u>	
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

Yes No

Schedule A (Form 990) 2022

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1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions.
Sect	ion 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			
	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	lly integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

## Schedule A (Form 990) 2022

ANY BABY CAN OF AUSTIN, INC.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

2022.06000 ANY BABY CAN OF AUSTIN, I 20098061

	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

21

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

8 Distributions to attentive supported organizations to which the organization is responsive

Administrative expenses paid to accomplish exempt purposes of supported organizations

1

2

3

4

5 6

7

0

**Current Year** 

INC.

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

3

7

Schedule A	(Form 990) 2022	ANY	BABY	CAN OF	AUSTIN	, INC.	**-**4335 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. lines 1, 2, 3b, 3d ion D, lines 2 an	Provide , 4b, 4c, s d 3; Part	the explana 5a, 6, 9a, 9b IV, Section E	tions required b , 9c, 11a, 11b, E, lines 1c, 2a, 2	y Part II, line 10 and 11c; Part IV 2b, 3a, and 3b; F	; Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
	(,						
232028 12-09-2	2				22		Schedule A (Form 990) 202

#### 223451 11-15-22

# Schedule B

#### (Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

Al	NY BABY CAN OF AUSTIN, INC.	**-***4335
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
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), 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.

J 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of th

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization

\*\*-\*\*4335

ANY BABY CAN OF AUSTIN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>619,596.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>270,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKANA COMPLEXITY (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

25

15470712 756800 2009806

Name of organization

Page 3

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.

artii	Noncash Property (see instructions). Use duplicate copies of Par	in in 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
-			
_		<u> </u>	
3453 11-15-22		\$	Schedule B (Form 990) (2

26

15470712 756800 2009806

Name of o	rganization				Employer identification number
ANY B	ABY CAN OF AUSTIN, INC.				**-**4335
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	) through (e) and the followin charitable, etc., contributions of \$	na line entry. For or	rganizations	at total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additional				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
-					
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
Part I					
-		e) Trans	fer of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
-					
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(-) N				1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
<u> </u>					
		(e) Trans	fer of gift		
	<b>T</b>				and an
-	Transferee's name, address, a	nu <b>ZIP +</b> 4	R	elationship of tra	nsferor to transferee
	l <u></u>				
223454 11-15	5-22		1		Schedule B (Form 990) (2022)

Imment Service?         Go to www.irs.gov/Form990 for instructions and the latest information.         Impger           Name of the organization         ANY BABY CAN OF AUSTIN, INC.         Employer identification * - * * * 4           Part I         Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete into organization answered "Yes" on Form 990, Part IV, line 6.           1         Total number at end of year         (a) Donor advised funds         (b) Funds and other accounts.           2         Aggregate value of contributions to (during year)         (a) Donor advised funds         (b) Funds and other accounts.           3         Aggregate value of contributions to (during year)         (a) Donor advised funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefit?         Yes           Part II         Conservation Easements held by the organization check all that apply.         Preservation of a public use (for example, recreation or education)         Preservation of a certified historic structure included in (a) a certified historic structure included in (a) a certified historic structure included in (a)         2a           Protection of natural habitat         Preservation of a certified historic structure included in (a)         2a           2         Complete lines 2 a through 2d if the organization easements incl	<b>Public</b> tion <b>n number</b> 335 he
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Go to www.irs.gov/Form990. Go to www.irs.gov/Form990 for instructions and the latest information.         Core of the organization MAY BABY CAN OF AUSTIN, INC.         Employer identificative ** - *** 4 2 organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete it to organization answered 'Yes' on Form 990. Part IV, line 6.         (a) Donor advised funds         (b) Funds and other accounts. Complete it to organization form (during year)         (a) Donor advised funds         (b) Funds and other accounts.         Complete it to adgregate value of orthibutions to (during year)         (a) Donor advised funds         (b) Funds and other accounts.         Complete it to adgregate value of grants from (during year)         (c) Funds and other accounts.         Complete it to adgregate value of grants from (during year)         (c) Funds and other accounts.         Complete it to adgregate value of grants from (during year)         (c) Funds and other actives in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?         (c) Preservation of a network of the donor dout advisors in writing that apply).           Part III         Conservation easements. held by the organization inform all grantes. Held by the organization (c) (c) (c) Conservation easements in colded in (c) acquired	tion n number 3 3 5 he unts No
Operation         Attach to Form 990.         Operation         Operation           Name of the organization         ANY BABY CAN OF AUSTIN, INC.         Employer identification         ** - +** 42           Part I         Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete into organization answered 'Yes' on Form 990, Part N, line 6.         (a) Donor advised funds         (b) Funds and other accounts. Complete into organization answered 'Yes' on Form 990, Part N, line 6.           1         Total number at end of year         (a) Donor advised funds         (b) Funds and other accounts. Complete into organization form all donors and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit?         Yes           Part I         Conservation Easements. Complete if the organization norm 90, Part IV, line 7.         Yes           1         Purpose(s) of conservation easements held by the organization contribution in the form of a conservation easements include the conservation canservet 'Yes' on Form 990, Part IV, line 7.         Yes           2         Purpose(s) of conservation easements include a qualified conservation contribution in the form of a conservation easements include a qualified conservation contribution in the form of a conservation easements include in (a)         2a           3         Toda number of conservation easements <th>tion n number 3 3 5 he unts No</th>	tion n number 3 3 5 he unts No
Name of the organization       Employer identification         ANY BABY CAN OF AUSTIN, INC.       Employer identification         Yeart I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.       Complete if the organization answered "Yes" on Form 990, Part IV, line 6.         I       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts.         2       Aggregate value of contributions to (during year)       (a)       (a)       (b) Funds and other accounts.         3       Aggregate value of operation form all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefit?       Yes         6       Did the organization of for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Yes         1       Purpose(s) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Yes         1       Purpose(s) of conservation easements. Complete if the organization or education)       Preservation of a certified historic structure         1       Proservation of asservation easements.       Complete if the organization or education)       Preservation of a certified historic structure         2       Preservation of open space       2       Complete if the organization held	n number 3 3 5 he unts
ANY BABY CAN OF AUSTIN, INC.       **-***4         Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if to organization answered "Yes" on Form 990, Part IV, line 6.       (a) Donor advised funds       (b) Funds and other accounts. Complete if to organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts.         2       Aggregate value of contributions to (during year)       (a) Donor advised funds       (b) Funds and other accounts.         3       Aggregate value of contributions to (during year)       (a) Donor advised funds       (b) Funds and other accounts.         4       Aggregate value of contributions to (during year)       (c) Part II       (c) Part II       (c) Part II         5       Did the organization inform all grantees, donors, and donor advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Yes         Part II       Conservation Easements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 7.       Purpose(s) of conservation easements held by the organization check all that apply).       Preservation of a historic structure in Preservation of a historic structure in Preservation of a certified historic structure in Preservation of a certified historic structure included in (a)       2a         2       Complete lines 2 at	335 he unts
organization answerd "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year         2       Aggregate value of contributions to (during year)         3       Aggregate value of contributions to (during year)         4       Aggregate value of grants from (during year)         5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds         are the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only       for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring         impermissible private benefit?       Yes         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(5) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a conservation easements         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Complete lines 2a through 2d if the organization full (a qualified conservation conservation easements included in (a)       2a	Unts
I       Total number at end of year       (a) Donor advised funds       (b) Funds and other acco         I       Total number at end of year       (a) Donor advised funds       (b) Funds and other acco         I       Aggregate value of contributions to (during year)       (a) Aggregate value at end of year       (b) Aggregate value at end of year         I       Aggregate value at end of year       (c) Aggregate value at end of year       (c) Aggregate value at end of year       (c) Aggregate value at end of year         I       Did the organization inform all grantees, donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only       Yes         I       Denservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       (c) Preservation of and for public use (for example, recreation or education)       Preservation of a historically important land are         I       Purpose(s) of conservation easements       (c) Aggregate value at the End of ta value of conservation easements       (c) Aggregate value at the End of ta value of conservation easements         I       Preservation of and for public use (for example, recreation contribution in the form of a conservation easement on ta day of the tax year.       I       Held at the End of ta value of the value of ta value of conservation easements         I       Derservation do pen space       2a       2a       2	No
1       Total number at end of year	No
2       Aggregate value of contributions to (during year)	
3       Aggregate value of grants from (during year)	
<ul> <li>Aggregate value at end of year</li></ul>	
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</li> <li>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit?</li> <li>Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of a certified historic structure</li> <li>Preservation of open space</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements to a certified historic structure included in (a)</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic advisor during the tax year</li> <li>3 Number of structure listed in the National Register</li> <li>4 Number of states where property subject to conservation easements is located</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements includes and in to ids?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> </ul>	
are the organization's property, subject to the organization's exclusive legal control?       Yes         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Yes         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       I         1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historic ally important land are Preservation of and habitat       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Held at the End of t 2a         a       Total acreage restricted by conservation easements       2b       2b         c       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         3       Number of states where property subject to conservation easements is located       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the periodic monitoring, orgeneration easements during the year         4       Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         <	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land are Protection of natural habitat Preservation of a certified historic structure Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
impermissible private benefit?       Yes         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land are         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       2         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t         day of the tax year.       Implete the End of t         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements         b       Total number of conservation easements         c       Number of conservation easements included in (c) acquired after July 25,2006, and not on a         historic structure listed in the National Register       2d         3       Number of states where property subject to conservation easement is located         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6       Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	No
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land are         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       2         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t         day of the tax year.       Held at the End of t         2       Number of conservation easements         b       Total number of conservation easements on a certified historic structure included in (a)         d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a         historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easements is located       Yes         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6       Staff and volunteer hours devo	No
1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land are         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t         day of the tax year.       Held at the End of t         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t         day of the tax year.       Held at the End of t         2       Deservation easements         b       Total acreage restricted by conservation easements         c       Number of conservation easements on a certified historic structure included in (a)         d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a         historic structure listed in the National Register       2d         3       Number of states where property subject to conservation easement is located         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6       Statff and volunteer hours devoted to monitoring, inspecting, handling of violat	
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land are Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t day of the tax year. Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes	
Protection of natural habitat   Preservation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t day of the tax year.    a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
Preservation of open space     Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t     day of the tax year.     Total number of conservation easements     Total acreage restricted by conservation easements     Number of conservation easements on a certified historic structure included in (a)     Number of conservation easements included in (c) acquired after July 25,2006, and not on a     historic structure listed in the National Register     Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year  Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of     violations, and enforcement of the conservation easements it holds?     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     Amount of expenses incurred on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)     and section 170(h)(4)(B)(ii)?     Yes	а
<ul> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on t day of the tax year.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements on a certified historic structure included in (a)</li> <li>d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li></ul>	
day of the tax year.       Held at the End of t         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	he last
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(B)(ii)?       Yes	
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(B)(ii)?       Yes	
<ul> <li>d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register</li></ul>	
<ul> <li>historic structure listed in the National Register</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li> <li>Number of states where property subject to conservation easement is located</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> </ul>	
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li></ul>	
<ul> <li>year</li></ul>	
<ul> <li>4 Number of states where property subject to conservation easement is located</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> </ul>	
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li></ul>	
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> </ul>	
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the y</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> </ul>	No
<ul> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> </ul>	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
and section 170(h)(4)(B)(ii)?	
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$\$	
(i) Assets included in Form 990, Part X\$	
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1\$\$	
b Assets included in Form 990, Part X\$	

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Schedule D	(⊢orm	990	2022

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Sche	dule D (Form 990) 2022 ANY BAB	Y CAN OF AU	STIN, INC.	•		**_**	*4335	D Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Asset	s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma					<u></u>	Yes		No
Par	<b>TIV</b> Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi					_	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						
							Amount	1	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				<b>1</b> f	Ĺ	7		7
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete i								
1 4		(a) Current year	(b) Prior year	(c) Two years back		wars hack	(e) Four	Veare	hack
10	Designing of year balance	331,452.	371,635.	290,143		273,560.	(e) i oui	270,	
1a ⊾	Beginning of year balance	551,452.	571,055.	250,145	• 2	75,500.		270,	120.
u o	Contributions	24,650.	-36,552.	84,880.		19,503.		6	319.
	Net investment earnings, gains, and losses	24,030.	50,552.	01,000	•	19,303.		•,	515.
d	Grants or scholarships Other expenditures for facilities								
e									
f	Administrative expenses	3,894.	3,630.	3,388.	-	2,920.		2	885.
g	End of year balance	352,208.	331,452.	371,635,		290,143.		273,	
2	Provide the estimated percentage of the curr		,	,			1	,	
- a	Board designated or quasi-endowment	20.5900	%						
b	Permanent endowment 44.6600	%	_/0						
c	Term endowment 34.7500								
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse		ion that are held ar	nd administered for	the				
	organization by:	0					ſ	Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part >	K, line 10.				
	Description of property	(a) Cost or ot	• • •		Accumulate		(d) Bool	k value	е
		basis (investm	,	. ,	lepreciation				
1a	Land			5,000.					00.
	Buildings		3,32	1,201.	759,0	50.	2,562	2,1	51.
С	Leasehold improvements				4.6.4 -				
d	Equipment			5,054.	191,6		33	3,42	-
	Other			4,015.	64,0	15.	0 = 0		0.
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>, column (B), line 1</u>	<u>0c.)</u>		<u></u>	2,730		
						Schedule	D (Form	1 990)	2022

Schedule D	(Form 990) 2022	ANY	BABY	CAN	OF	AUSTIN,	IN	1C.	**-***4335	Page 3
Part VII	Investments - C									
	Complete if the orga	anization a	answered '	'Yes" oi	n Form	990, Part IV, line	e 11b	b. See Form 990, Part X, line 1	2.	
(a) Descrip	tion of security or catego	Ory (includin	g name of sec	urity)	(b)	Book value		(c) Method of valuation: Cos	st or end-of-year market val	ue
(1) Financia	al derivatives									
(2) Closely	held equity interests									
(3) Other				Γ						
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col. (I	b) must equal Form 990,	, Part X, co	l. (B) line 12	2.)						
Part VIII	Investments - F	Progran	n Relate	d.						
	Complete if the orga	anization a	answered '	'Yes" o	n Form	990, Part IV, lin	e 11c	c. See Form 990, Part X, line 13	3.	
	(a) Description of i	investmer	ıt		(b)	Book value		(c) Method of valuation: Cos	st or end-of-year market val	ue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Col. (I	<u>b) must equal Form 990,</u>	, Part X, co	l. (B) line 13	3.)						
Part IX	Other Assets.									
	Complete if the orga	anization a	answered '				e 11c	d. See Form 990, Part X, line 1		
				<b>(a)</b> D	escript	ion			(b) Book valu	le
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
			art X, col. (	B) line 1	15.)					
Part X	Other Liabilities								line 05	
				Yes" of	n Form	990, Part IV, IIn	e 11e	e or 11f. See Form 990, Part X,		
<u>1.</u>		scription	of liability						(b) Book valu	le
	leral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
2. Liability	for uncertain tax posi	itions. In F	Part XIII. pr	ovide tl	ne text	of the footnote t	to the	e organization's financial state	ments 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 .... 🚺

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	dule D (Form 990) 2022 ANY BABY CAN OF AUSTIN, IN				***4335 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	14,355,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	38,564.		
b	Donated services and use of facilities	2b	64,173.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	102,737.
3	Subtract line 2e from line 1			3	14,252,267.
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			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
с					
с _5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	14,252,267.
с _5				•	
с _5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents With		•	n.
с _5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F	•	
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	letur	n.
c 5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form</i> 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	letur	n.
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per F	letur	n.
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With	Expenses per F	letur	n.
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses	ents With 	Expenses per F	letur	n. 14,957,797.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per F	letur	n. <u>14,957,797.</u> 64,173.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents With 2a 2b 2c 2d	Expenses per F	1	n.
c 5 Pai 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per F	1 2e	n. <u>14,957,797.</u> 64,173.
c 5 Pai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents With 2a 2b 2b 2c 2d	Expenses per F	1 2e	n. <u>14,957,797.</u> 64,173.
c 5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 4a	Expenses per F	1 2e	n. <u>14,957,797.</u> 64,173.
c 5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With	Expenses per F	1 2e	n. <u>14,957,797.</u> 64,173.
c 5 Pau 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n. <u>14,957,797.</u> <u>64,173.</u> <u>14,893,624.</u>

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 OF

CHILDREN AND FAMILIES IN THE AUSTIN COMMUNITY NOW AND IN THE FUTURE.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE INTERNAL

REVENUE CODE SECTION 501(C)(3) FOR INCOME RELATED TO ITS EXEMPT PURPOSE.

THE ORGANIZATION IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN

ORGANIZATION OTHER THAN A PRIVATE FOUNDATION.

#### THE ORGANIZATION RECOGNIZES IN ITS FINANCIAL STATEMENTS THE FINANCIAL

EFFECT OF A TAX POSITION, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE Schedule D (Form 990) 2022

15470712 756800 2009806

ANY BABY CAN OF AUSTIN, INC.       art XIII     Supplemental Information (continued)	**-***4335 Pag
USTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY A	APPEALS OR
ITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS OF	THE POSITION. TAX
OSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX EXEMPT	STATUS FOR
EDERAL TAX PURPOSES HAVE BEEN REVIEWED, AND MANAGEMENT ]	IS OF THE OPINION
HAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD N	ORE LIKELY THAN
OT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, THE ORGANIZ	ZATION HAS NOT
ECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFI	ITS.
	Schedule D (Form 990) 2

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990 c	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and t	he latest information	n.	Employer id	Inspection entification number
	ANY BAB	Y CAN OF AUSTIN, I					**_***4	1335
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written c ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 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	exempt from r	egistration
TX								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedu	le G (Form 990) 2022

232081 10-27-22

ANY BABY CAN OF AUSTIN, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2 HARVEST	(c) Other events	(d) Total events (add col. (a) through
			NIGHT	CLASSIC	3	col. (c)
D			(event type)	(event type)	(total number)	
שמושמש	1	Gross receipts	197,529.	100,020.	84,667.	382,216
	2	Less: Contributions	161,279.	100,020.	79,534.	340,833
	3	Gross income (line 1 minus line 2)	36,250.		5,133.	41,383
	4	Cash prizes				
	5	Noncash prizes	906.			906
	6	Rent/facility costs	1,625.		400.	2,025
הווברו דעהבוואבא	7	Food and beverages	19,299.		3,381.	22,680
2	8	Entertainment	1,955.			1,955
		Other direct expenses			1,355.	9,655
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			37,221
		Net income summary. Subtract line 10 from I				4,162
a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
Т		\$15,000 on Form 990-EZ, line 6a.		(I.) Dull tobo/instant		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
שמוומפע				bingo/progrocolivo bingo		
2	4	Gross revenue				
t	<u> </u>	Gloss revenue				
,	2	Cash prizes				
הוובתו דעהבוואבא	3	Noncash prizes				
	4	Rent/facility costs				
1	5	Other direct expenses				
T		Volunteer labor	Yes %	Yes %	└── Yes % └── No	
	Ŭ					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
		ne organization licensed to conduct gaming a				Yes N
D	IT "I	No," explain:				
		re any of the organization's gaming licenses re	avoked suspended or te	erminated during the tax w	ear?	Yes
а	We	I C ALLY OF LIFE OF VALUE ALLOFT & VALUE OF VESTIGES TO				
		Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	ANY	BABY	CAN	OF	AUSTIN,	INC.	**_*	**4335	Page 3
11	Does the organization conduct ga Is the organization a grantor, bene	ming act	tivities with	n nonme	ember	s?			Yes	No
	to administer charitable gaming? Indicate the percentage of gaming								Yes	No No
	The organization's facility								13a	%
	An outside facility								13b	%
	Enter the name and address of th									
	Name									
	Address									
15a	Does the organization have a con	tract with	n a third pa	arty fror	n who	m the organizati	ion receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam						and the a	amount		
	of gaming revenue retained by the									
C	If "Yes," enter name and address	of the th	iro party:							
	Name									
	Address									
16	Gaming manager information:									
	Name									
		¢								
	Gaming manager compensation	\$								
	Description of services provided									
	Director/officer	En En	nployee			Independent of	contractor			
						_				
17 a	Mandatory distributions: Is the organization required under	r state lav	<i>w</i> to make	charita	ble dis	stributions from t	the gaming proceeds to			
	retain the state gaming license?								Yes	No No
b	<ul> <li>Enter the amount of distributions organization's own exempt activit</li> </ul>	•			o be di \$	istributed to oth	er exempt organizations or sper	nt in the		
Pa	rt IV Supplemental Infor	mation	Provide	the exp	lanatio		Part I, line 2b, columns (iii) and	(v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicat	ole. Also p	rovide a	any ad	ditional informat	tion. See instructions.			
2320	33 10-27-22							Schedu	ıle G (Form	990) 2022
						35				

Schedule G	(Form	990)
De 11/	0	

Part IV	Supplemental Information	n (continued)		
232084 04-01-	22			Schedule G (Form 990)

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SCHEDULE I (Form 990)		Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	d Other Assistance to Organizations, ts, and Individuals in the United States anization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	ition.		Open to Public Inspection	c
Name of the organization	tion ANY BABY CAN OF		AUSTIN, INC.					Employer identification number **-**4335	nber 35
Part I General Ir	General Information on Grants and Assistance	Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the		or assistance, the c	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to ٤	criteria used to award the grants or assistance?	nce?						T Yes X	] No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monite	oring the use of grant fu	unds in the United	States.				
Part II Grants an recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organiz 000. Part II can I	ations and Domestic oe duplicated if additio	Governments. Control of the control	omplete if the orga ed.	inization answered "Y	∕es" on Form 990, Part	IV, line 21, for any	
<b>1 (a)</b> Name and ac or go	<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
<ul><li>2 Enter total numb</li><li>3 Enter total numb</li></ul>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government org sted in the line 1	anizations listed in the table	line 1 table					
7	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructio	ons for Form 990.					Schedule I (Form 990) 2022	2022

Schedule I (Form 990) 2022 ANY BABY CAN OF	AUSTIN,	INC.			**-**4335 Page 2
Part III         Grants and Other Assistance to Domestic Individuals.           Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> 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 ASSISTANCE	1700	263,824.	5,192.	TSOST	CHILD ITEMS, FAMILY/PARENT ITEMS, FOOD, HOUSEHOLD ITEMS, SAFETY ITEMS
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
232102 10-31-22		38			Schedule I (Form 990) 2022

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17				
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	22	,				
		Compensated Employees	l	20	<u> </u>					
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe						
Nam	e of the organizatio			identificatio		nber				
De		ANY BABY CAN OF AUSTIN, INC.	**_*	***433	5					
Pa	rt I Question	s Regarding Compensation								
					Yes	No				
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,							
		line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or c									
	Travel for com									
		cation and gross-up payments Spending account Health or social club dues or initiation fee								
		spending account Personal services (such as maid, chauner	ir, chei)							
h	If any of the bayes	on line to are checked, did the graphization follow a written policy regarding powerst or								
b	•	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						
	trustees, and onlee									
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's								
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization								
		ation of the CEO/Executive Director, but explain in Part III.								
	Compensation committee Written employment contract									
	·	compensation consultant $\overline{X}$ Compensation survey or study								
	·	ther organizations $\overline{X}$ Approval by the board or compensation of	ommittee							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a re	lated organization:								
а	Receive a severand	e payment or change-of-control payment?		4a		X				
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X				
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X				
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
		:)(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 compensatio	n							
	contingent on the r									
						X				
b		ation?		5b		X				
_		pr 5b, describe in Part III.								
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n							
	contingent on the r			0		v				
						X X				
b		ation?		6b						
7		or 6b, describe in Part III.								
'	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x				
8		nes 5 and 6? If "Yes," describe in Part III		/		Δ				
0	•			8		x				
9		id the organization also follow the rebuttable presumption procedure described in								
3	Regulations section			9						
ΙНΔ		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	2022				
		equation Act Notice, see the instructions for Form 350.	Junet		. 550)					

Schedule J (Form 990) 2022 ANY B.	BABY	CAN OF	AUSTIN, INC.		**_**4335	335		Page 2
s, Trustees, Key	loldu	yees, and Highest C	Compensated Empl	oyees. Use duplica	te copies if additional s	pace 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.	be rep orm 9	orted on Schedule J 90, Part VII.	l, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
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.	bd ind	ividual must equal th	ne total amount of F	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VERONDA DURDEN	(i)	203,435.	.0	•0	.0	6,905.	210,340.	.0
PRESIDENT AND CHIEF EXECUTIVE OFFICE			.0	.0	.0	.0		.0
(2) NATALIE RUSSELL	Ē	142,547.	.0	.0	.0	8,999.	151,546.	.0
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	• 0	0.	• 0	.0	.0
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
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	(ii)							
							Schedu	Schedule J (Form 990) 2022

232112 10-18-22

Page <b>3</b>											990) 2022
**_**4335	o complete this part for any additional information.										Schedule J (Form 990) 2022
Schedule J (Form 990) 2022 ANY BABY CAN OF AUSTIN, INC.	Part III Supplemental Information 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 L	
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#### (Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2022
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OMB No. 1545-0047

**Open To Public** ection

Nar	ne of the	organization
-----	-----------	--------------

Department of the Treasury Internal Revenue Service	Go to wy	Attacr ww.irs.gov/Form			ons and the lat					specti		IC
Name of the organization	ANY BABY	CAN OF AL	USTIN	. TN	с.			-	identi *43		on nui	nber
	Benefit Transact	ions (section 50	)1(c)(3), se	ection 50	1(c)(4), and see		nizatio	ns onl	y).			
1 (a) Name of disqual	ified person (b)	Relationship betw person and or			(0	c) Description of trans	sactio	n		(d) Ye	Correc	cted? No
	f tax incurred by the o	0	0	·		0 ,		. \$				
	f tax, if any, on line 2,	,	,	organiza	ition			\$				
Complete i	and/or From Int f the organization ans amount on Form 990 (b) Relationship	wered "Yes" on F ), Part X, line 5, 6	orm 990-	-	V, line 38a or F	Form 990, Part IV, line			e orgai <b>(h)</b> Apj			ritten
interested person			from the organizatio	n? prin	cipal amount		(g) defa Yes		bý bo comm Yes	ard or	agree	ment?

3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	

# Pa

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo fron	an to or n the	<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In	<b>(h)</b> Ap by bo comm	proved ard or	(i) W agreei	ritten
interested person	with organization	orioan	organi	organization? principal amount				un :	committee?		agrooment	
			То	From			Yes	No	Yes	No	Yes	No
Total					\$							

Part III

Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990 Part IV line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L (Form 990) 2022 ANY BA	BY CAN OF AUSTIN, IN	NC.	**-***4	335	Page 2
Part IV Business Transactions Involv					1 ago 2
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of
	person and the organization	transaction	transaction		zation's nues?
				Yes	No
GREG VAN WYK	BOARD MEMBER	0.	ANY BABY CA		X
Part V Supplemental Information.					
Provide additional information for respo	onses to questions on Schedule L (see i	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	IG INTERESTE	D PERSONS:		
(A) NAME OF PERSON: GREG V	AN WYK				
(D) DESCRIPTION OF TRANSAC	TION: ANY BABY CAN E	NGAGES WITH	AUSTIN ASS	ET	
AS ITS INVESTMENT ADVISOR	TO GAIN ACCESS TO 11	S LONG-TERM	I INVESTMENT	WT.T.	<u>H</u>
CCUMAD DOADD MEMDED CDEC				עסגם	
SCHWAB. BOARD MEMBER GREG	VAN WIK IS A PARINER	AT AUSTIN	ASSET. ANY	BABI	
CAN SIGNED A NO-FEE AGREEM	ΈΝΤ ΜΤΤΗ ΔΙΙΩΤΙΝ ΔΩΩΕ	ıт			
CAN DIGNED A NO FEE AGREEM	ENI WIII AUDIIN ADDE	11 •			

232132 11-01-22

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

<u>202</u>2

**Open to Public** 

Inspection

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

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

Name of the organization

Employer	iden	tifica	ation	numbe
*	*_*	* *	43	35

ANY	BABY	CAN	OF	AUSTIN,	INC.

Par	rt I Types of Property				·			
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		0	_
		applicable		Form 990, Part VIII, line 1	noncash contrib	ution an	iounts	5
1	Art - Works of art	X	1	1,000				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		5,193	COST			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SOFTWARE LICENS)	X	1	6,000	COST			
26	Other ( CONCERT TICKETS )	X	1	1,000				
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828		•					
	<b>°</b>		C				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throu	ıgh 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31								Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncasl				
								Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule I	A (Form	990)	2022

232141 09-09-22

Schedule M	(Form 990) 2022	ANY	BABY	CAN	OF	AUSTIN,	INC.	**-***4335	P
Part II	Supplemental	Inform	mation.	Provide	the ir	nformation requ	ired by Par	t I, lines 30b, 32b, and 33, and whether the organizat	tion
	is reporting in Part	I, colur	nn (b), the	number	of co	ntributions, the	number of	items received, or a combination of both. Also comp	lete

this part for any additional information.

232142 09-09-22	4	-	Schedule M (Form 990) 2022

Page 2

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

THE BOARD OF DIRECTORS REVIEWS THE FORM 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 OF THE BOARD OF DIRECTORS PERFORMS AN ANNUAL

EVALUATION FOR THE PRESIDENT/CEO AND DETERMINES ANY SALARY ADJUSTMENTS AT

THAT POINT. IN ADDITION, A SALARY SURVEY IS CONDUCTED EACH YEAR BY THE

 HUMAN
 RESOURCES
 DEPARTMENT
 TO
 COMPARE
 AREA
 NONPROFIT
 SALARIES
 THIS
 DATA
 IS

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

ANY BABY CAN OF AUSTIN, INC.

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SHARED WITH THE EXECUTIVE COMMITTEE TO HELP INFORM ANY SALARY ADJUSTMENT

FOR THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS,

AND FORM 990 ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM

990 ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE FORM 990 IS

AVAILABLE ON WWW.GUIDESTAR.ORG, AS WELL.

PART XII, LINE 2C

THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR IN THE PROCESS FOR THE

COMMITTEE SELECTION OF AN INDEPENDENT AUDITOR.

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