

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Fg.m **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

2009 Open 16 Public '

int	mai Revi	The organization may have to use a copy of this return to satisfy sta	ate reporting requirements	Inspection 1
<u>A</u>	For th	e 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	<u> </u>
В	Check if	Please C Name of organization	D Employer identifi	ication number
Г	Addre	use ins		
Ė	lchane	type	56-2	367666
Ē	ichang initizal return		<del></del>	
Ē	Termi			335-5540
	Amen	ded tions.	G Gross receipts \$	561,030.
	Appli	AUSTIN, TA /0/33	H(a) Is this a group re	
	pendi	F Name and address of principal officer: PAULA KLAN'I'S	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	
		empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		te: ► WWW.IMPACT-AUSTIN.ORG  forganization: X Corporation Trust Association Other ► LY	H(c) Group exemption	In number ►  M State of legal domicile: TX
		organization: X Corporation	rear of formation: 2003	M State of legal domicile: TA
	1	Briefly describe the organization's mission or most significant activities: TO DEVEL	OP AND THEFTE	E WOMEN TO
Activities & Governance		EFFECT POSITIVE CHANGE IN AUSTIN, TX THROUGH		
2	2	Check this box  if the organization discontinued its operations or disposed of n		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		8
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		8
89	5	Total number of employees (Part V, line 2a)		0
HVIII.	6	Total number of volunteers (estimate if necessary)		250
Aci		Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
. :-	<del>  b</del>	Net unrelated business taxable income from Form 990-T, line 34		0.
_	8	Contributions and grants (Part VIII, line 1h)	Prior Year 565, 572.	Current Year 557, 459.
Revenue	9	Program service revenue (Part VIII, line 2g)	303,372.	3317 ±331
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,664.	3,470.
ď	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		101.
=		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582,236.	561,030.
201	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	515,200.	530,700.
3	14	Benefits paid to or for members (Part IX, column (A), line 4),		
60	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
<b>M</b> AR	1 47 b	Total fundraising expenses (Part IX, column (D), line 25) 722.	108,188.	
_		Other Expenses And lines IX, column (A), lines 11a 11d, 11f-24f)  Lotal expenses: And lines IX 17 (must equal Part IX, column (A), line 25)	623,388.	
品		Revenue less expenses. Subtract line 18 from line 12	<41,152.	
	16	FEB 1 6 2011 [3]	Beginning of Current Year	
Z	20	Total assets (Part X, line 16)	881,896.	930,691.
	21	Total liabilities (Rart X) Tirle 26)	448,166.	560,356.
	22	Net assets or fund balances. Subtract line 21 from line 20	433,730.	370,335.
, li	art II	Signature Block	by and by the best of my frameded	an and hallof it is true assert
		Under penalties of peaury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than official) is based on all information of which preparer has any knowle	enis, and to the best of my knowled edge.	ge and baller, it is true, correct,
Sig		March Broken	1 2/9	Lanil
He		Signature of officer	Date	10-011
		MARY BROOKER, TREASURER		
		Type or print name and title		
Pai	ď	Preparer's Date		er's identifying number structions)
	u parer's	signature Consult Copyright 02/03/11	employed ▶ □	P00964479
	Only	Firm's name (or REYNOLDS & FRANKE, P.C. yours if	EIN ► 74-	2516372
	•	seif-employed). 6836 AUSTIN CENTER BLVD., SUITE 250 address, and	n	E13\ 30€ 3144
-		ZF+4 AUSTIN, TX 78731	Phone no. > (	
Ma	y une II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

For	m 990 (2009) , IMPACT AUSTIN FOUNDATION	<u> 56-2367666</u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
•	·	DDINGTNG NEW	
	WE'RE A PROGRESSIVE LEADER IN WOMEN'S PHILANTHROPY,		
	RESOURCES TO THE COMMUNITY AND MAKING PHILANTHROPY		JGH_
	HIGH-IMPACT GRANT MAKING, WE ENGAGE, DEVELOP AND IN	SPIRE WOMEN TO	
	EFFECT POSITIVE CHANGE.		
2	Did the organization undertake any significant program services during the year which were not listed or	n	
-			X No
	the pnor Form 990 or 990-EZ?	Tes	MO LA
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program service	es hy exmenses	
•		• •	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the arr	ount or grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
<b>4</b> a	(Code: ) (Expenses \$ 571,329. including grants of \$ 525,000	0 • )(Revenue \$	)
	HIGH IMPACT GRANTS FROM WOMEN COMBINES ANNUAL DONAT	IONS FROM MEMBERS	3
	AND GIVES MULTIPLE GRANTS OF MORE THAN \$100,000 EAC		
	WORTHY CAUSES SELECTED BY OUR MEMBERS. OUR MEMBERSH		DP
	SIMPLY TO BE FEMALE AND TO DONATE \$1,000 EACH YEAR.		<u>:H</u>
	MEMBER CAN BE AS ENGAGED OR UNINVOLVED AS SHE CHOOSE	ES. ONE HUNDRED	
	PERCENT OF EACH MEMBER'S DONATION GOES TO OUR GRANT	RECIPIENTS. IN	
	JUNE OF 2010, IMPACT AUSTIN GAVE GRANTS TO FIVE ORGA		1
	THE LOCAL COMMUNITY.		•——
	IIII HOCALI COPRIONITI.	<del></del>	
4b	(Code: ) (Expenses \$ 7,682. including grants of \$ 5,700	0 . ) (Revenue \$	<u> </u>
	GIRLS GIVING GRANTS HELPS YOUNG WOMEN (AGES 12 TO 1		, פי
	OF COLLECTIVE GIVING AND GRANT-MAKING BY COMBINING		
	OF \$100 AND WORKING TOGETHER TO REVIEW PROPOSALS AND	SELECT GRANTEES	<u>.                                    </u>
		VP	
4c	(Code: ) (Expenses \$ including grants of \$	)(Revenue \$	
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	}(Revenue \$	)
<b>4</b> c	(Code: ) (Expenses \$ including grants of \$	}(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	}(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	}(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	}(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	)(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	)(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	)(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	)(Revenue \$	)
		)(Revenue \$	)
	Other program services. (Describe in Schedule O.)	) (Revenue \$	)
¶d.	Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$	) (Revenue \$	)
4c	Other program services. (Describe in Schedule O.)	) (Revenue \$	)

Га	Tive Checklist of Required Schedules			
•		·	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		l	ł
	public office? If "Yes," complete Schedule C, Part I	3	L	<u> X</u>
4	Section 501(c)(3) organizations, Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u>_</u>	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6.	Did the organization maintain any donor advised funds or any similar funds or accounts where 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<b>i</b> 1	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
• •	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			17.
	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			١,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	i,	•	s_ `?
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	,		`
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		٠,	
	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		.	`ž (
_	Part X, line 167 If "Yes," complete Schedule D, Part IX.		- 4	1,81
•	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X.		1.73	3.3
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		2
-	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		S. 7	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	23.	25
12	Schedule D, Parts XI, XII, and XIII.	12	X	,
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12.	•	, 1
120	ff "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	31		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13		19		X
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
پ	DIE ETE OFICIALISTIC OFFICIO PROPERTIES ETE EST, COMPLETO CONTOCALE ET			

Form 990 (2009) . IMPACT AUSTIN FOUNDATION
Part IV. Checklist of Required Schedules (continued)

	Marse Officerate of Frequency Confedence (Contained)	7		
~4	Dulling and the second of the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	-	X	
20	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	├
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	-	l	v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, fine 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	,		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	L	_X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			١.
	instructions for applicable filing thresholds, conditions, and exceptions):	3	1 7 7	ا س
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	İ		
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity?	1	1	
	ff "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	İ		
	ff "Yes," complete Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u></u>
		Form	<b>990</b> (	2009)

Form 990 (2009) , IMPACT AUSTIN FOUNDATION 56-2367666 Page							
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	·					
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a	1				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		ł :		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming		ŗ	'		
	(gambling) winnings to prize winners?		1c		L		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		7 1	1 1	,		
	filed for the calendar year ending with or within the year covered by this return	2a	0 :,	ŧx			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		10		, 5		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover		3a_		X		
			1 1		<u> </u>		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, à					
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X		
Ь	If "Yes," enter the name of the foreign country:			ξ; <del>,</del>	þ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and		ŧ.			
	Financial Accounts.			,	种		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-				X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi						
	Tax Shelter Transaction?		5c		L		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		1				
	any contributions that were not tax deductible?				X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu						
	were not tax deductible?		6b				
_7	Organizations that may receive deductible contributions under section 170(c).		1. (		1 #		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7ъ				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	i				
	to file Form 8282?	···· ·· ···· · · · · · · · · · · · · ·	7с		X		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	oersonal		1	14		
	benefit contract?		7e				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont				<u> </u>		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?	<u>7g</u>		<b> </b>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as required?	7h		L		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				١,		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holding	s				
	at any time during the year?		. , 8		<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.			;	1		
а	Did the organization make any taxable distributions under section 4966?		9a_				
þ	Did the 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	10a	'		٠,		
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:	1 1					
а	Gross income from members or shareholders	11a		1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			,			
	amounts due or received from them.)	11b			١,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	•	, Tel:		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1 2	000	<u> </u>		
			Form	99U (	2009)		

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

					$\neg \tau$	Yes	No
10	Enter the number of voting members of the governing body	l 1a	. 1	8	-	ies	110
b	Enter the number of voting members that are independent	1b		8	`		ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						
~	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the			····  - <del>-</del>	1		
•	of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fi				4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset				5		X
6	Does the organization have members or stockholders?			- 1	В	X	
-	Does the organization have members, stockholders, or other persons who may elect one or more m				_		
• • •	governing body?			7	a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			٠	ъ		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			···		• •	777
•	by the following:		.9 0.0 70.2	,			-
а	The governing body?				la	X,	Ĺ
ь	Each committee with authority to act on behalf of the governing body?				ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			·   -	_		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F			<u> (                                 </u>			
	Telegraphic Control of the Control o	101011	<u> </u>			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10	0a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such			· · ·   - <u>* ·</u>	~		_ <u></u>
	the section of the se			10	ъ	1	i
11	Has the organization provided a copy of this Form 990 to all members of its governing body before		he form?	· · -	1	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9					- 1
	Does the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	X	3 1 44
	Are officers, directors or trustees, and key employees required to disclose annually interests that co			···  - <u>*</u>	-	-	
5	La conflict O	ale gi	VO 1.00	12	<u>ъ</u>	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	° describe	···	-		
·	in Schedule O how this is done			1:	2c	X	l
13	Does the organization have a written whistleblower policy?				3		x
14	Does the organization have a written document retention and destruction policy?			1	4	X	
15	Did the process for determining compensation of the following persons include a review and approve			···	7		П
.~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		поренден.	-  ⋅,			ĺ .
•	The organization's CEO, Executive Director, or top management official				5a	` '	X
	Other officers or key employees of the organization				5b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				<u> </u>	- 1	
16a		ment	with a	- F;		10	Ė'n.
·va				1	6a	1 %	X
<b>h</b>	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			····  - <u>*</u>	-	1	
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.			ŀ	-	1	
	exempt status with respect to such arrangements?	jas nza	aon s	146	Sb	'	41
Sec	tion C. Disclosure		<u> </u>	10	<u>~ 1 </u>		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) avails	able for			
.0	public inspection. Indicate how you make these available. Check all that apply.	. ,500	(C)(C)C CITY GVER				
	X Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	ooflic	t of interest polic	v and f	fnan	cial	
19		אנוו זיטיל	r or mirerest botto	ر مان ا	ar ecui l	CHAIL	
00	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books a	nd ~	comic of the error	nization			
20		114 IE	cords or the organ	···COUUI			
	REYNOLDS & FRANKE, PC - (512) 206-3141 6836 AUSTIN CENTER BLVD., SUITE 250, AUSTIN, TX 7	787	31				

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	(cl		Pos	tion Reportable compensation		Reportable	(E) Reportable compensation	' (F) Estimated amount of	
	per week	individual trustee or director	Institutional mustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARY BROOKER	F 00							0.	0.	•
TREASURER ANNA CLEPPER	5.00	X	<u> </u>	X	<del> </del>	-		0.	<u> </u>	0.
DIRECTOR	5.00	₹.						0.	0.	0.
MEETA KOTHARE	3.00	Δ.	<b>-</b>	-		├				<u> </u>
PRESIDENT	5.00	v		x				0.	0.	0.
MELYNDA CAUDLE	3.00	^	-	-	-	╁╌			- 0.	
DIRECTOR	5.00	x				ľ		0.	0.	0.
VALERIE SAVAGE	3,00		$\vdash$	П						
DIRECTOR	5.00	x			ŀ			0.	0.	0.
DRBI STAFFORD										,
DIRECTOR	5.00	X	ļ _					0.	0.	0.
DEBBIE JOHNSON										
DIRECTOR	5.00	X	<u> </u>			_		0.	0.	0.
PAULA KLANTE	ļ		ŀ			ł				_
SECRETARY	5.00	X	Ĺ	X				0.	0.	0.
REBECCA POWERS										
CEO	55.00	_	_	X.				0.	0.	0.

Form 990 (2009)

\$100,000 in compensation from the organization

	n 990 (			FOUNDAT	ION		56-2367	666 Page 9
ra	irt. VIII	Statement of Neven	( · ; * * *	1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions, gifts, grant similar amounts not included above the contributions included in lines)	1b 1c 1d ons) 1e s, and re 1f	557,459.		The second of th		
S <sub>E</sub>	_	Total. Add lines 1a-1f			557,459.	. 5,		1 \$
Program Service Revenue	2 a b c d			Business Code				<b>静</b> 的 2.4.
F.	f	All other program service rever						
	3	Total. Add lines 2a-2f Investment income (including other similar amounts)	dıvıdends, intere	est, and	3,470.			3,470.
	4 5	Income from investment of tax Royalties	exempt bond p	roceeds		, 1 -		
-	6 a b c d	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)				Task Town	<b>F</b>	
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				33.7
	c d	and sales expenses  Gain or (loss)				7, 8 a.d.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Other Revenue	b	Gross income from fundraising including \$	of events (not of a a b					
	9 a	Net income or (loss) from fund Gross income from gaming act Part IV, line 19 Less: direct expenses	tivities. See	<b>&gt;</b>				
	c 10 a b	Net income or (loss) from game Gross sales of inventory, less and allowances	ing activities returns a b				u	
ł	C	Net income or (loss) from sales		Business Code	9 g K, 1 - 9	i i	1 1111	£1 ( 'c
	11 a	Miscellaneous Revenue REIMBURSEMENTS		900099	101.	日 *. ;	. (1)	101.
	c							
	đ				101	P	i ješ <b>S</b>	हें कुट्रांट
j		Total Add lines 11a-11d			101. 561,030.	0.	0.	<u>₹</u>
	12	Total revenue. See instructions.	<u> </u>		I SOT'OSO'	<u> </u>	<u></u>	Form <b>990</b> (2009)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses j' Grants and other assistance to governments and 530,700 530,700 organizations in the U.S. See Part IV, line 21 ..... Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ...... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ...... Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .... Other employee benefits ۵ 10 Payroli taxes ..... Fees for services (non-employees): b Legal ..... .... .... 16,410 16,410. c Accounting ..... Professional fundraising services, See Part IV, line 17 A f 4,327. 501. Other ....... 4,828. 255. 2,388. 2,133. 12 Advertising and promotion .......... 391 1.860. 182. 3,433. 13 1,178 Information technology ..... 10,911. 9,733. 14 15 Royalties 16 Occupancy ..... 528 528 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 16.978 800 17,778 Conferences, conventions, and meetings ..... 19 20 ...... .. .. .. ... ...... 21 Depreciation, depletion, and amortization .... 22 224 1,876 2,100. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled 1 miscellaneous may not exceed 5% of total expenses shown on line 25 below.) ... ...... 18,007 18,007. a LOSS ON UNCOLLECTIBLE P 4,884 4,884. **b BANK SERVICE CHARGES** 4,877 4,877. c PRINTING AND PUBL. 3,028 3,028. d MISCELLANEOUS EXPENSE 331. 1,771. 463 2,565. POSTAGE AND SHIPPING 1,200. 788. 1,988. All other expenses 722. 624,425. 579,011. 44,692. Total functional expenses. Add lines 1 through 24f Joint costs. Check here 
if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	605,062.	1	738,301.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net			192,390.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	1 7 7 7 7		
	•	employees, and highest compensated employees. Complete Part II		İ	
		of Schedule L	f '	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		ľ e .	
60	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	1 2 7 2 7	7-	19 15 1
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b	<b>-</b>   ''''	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	930,691.
	17	Accounts payable and accrued expenses		17	906.
	18	Grants payable		18	559,450.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	1	20	
98	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u> </u>
<b>*</b>	22	Payables to current and former officers, directors, trustees, key employees,			必須大金
.iabilities		highest compensated employees, and disqualified persons. Complete Part II		(A)	1 11 12 5
_		of Schedule L		.22	
	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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	560,356.
	İ	Organizations that follow SFAS 117, check here	1 1 1 3 3 3	-	
8		lines 27 through 29, and lines 33 and 34.		=	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
anc	27	Unrestricted net assets	110,424.		134,685.
8al	28	Temporarily restricted net assets	323,306.	28	235,650.
מ	29	Permanently restricted net assets	S C C C C	29	
Œ		Organizations that do not follow SFAS 117, check here   and		. 4	
ğ		complete lines 30 through 34.	V., 2		
39	30	Capital stock or trust principal, or current funds	<b>!</b>	30_	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	_ <del> </del>	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	370 325
_	33	Total net assets or fund balances	433,730.	33	370,335.
	34	Total liabilities and net assets/fund balances	881,896.	34	930,691.

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

#### SCHEDULE A .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization IMPACT AUSTIN FOUNDATION 56-2367666 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c \_\_\_\_ Type III - Functionally integrated b \_\_\_ Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) Is the organization in col. (i) organized in the U.S.? (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN · organization organization in col. in col. (i) listed in your support proanization (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes 1

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

Schedule A (Form 990 or 990-EZ) 2009

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    It is 13							
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organizatio	14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	9	7.5	57	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization org	15	Public support percentage from 2008 Schedule A, Part II, line 14	15	9	7.3	34	%
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    It is 13					đ	_	_
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Place or the facts or the fac		stop here. The organization qualifies as a publicly supported organization				►L	X
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/39	6 or n	nore, check this bo	X	_	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization qualifies as a publicly supported organization				▶L	$\Box$
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	17a	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Pa	art IV	now the organizati	on	►[	
		more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	n in F janiza	art IV how the	<b>.</b>	<b>▶</b> [	⊒
	18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box	and s	ee instructions		▶L	丄
Schedule A (Form 990 or 990-EZ) 2							

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	<u>%</u>
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
ı	a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 3 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support tests - 2008. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instance foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instance.	ition ore the orted struc	nan 33 1/3%, and organization
	Sch	eđul	e A (Form 990 or 990-EZ) 2009
9320	25 02-08-10		

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

2009

**Employer identification number** Name of the organization IMPACT AUSTIN FOUNDATION 56-2367666 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? 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? Pactu | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 22 c Number of conservation easements on a certified historic structure included in (a) **2**c d Number of conservation easements included in (c) acquired after 8/17/06 \_\_\_\_\_\_ 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_\_ > \$ (ii) Assets included in Form 990, Part X \_\_\_\_\_\_ \$ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		AUSTIN FOU				-2367666 Page <b>2</b>
Pa	t III Organizations Maintaining C					
3	Using the organization's acquisition, access	ion, and other recor	ds, check any of the	e following that are a	a significant use	of its collection items
	(check all that apply):					
а	Public exhibition	(	d Loan or ex	change programs		
b	Scholarly research		Other			
c	Preservation for future generations					
4	Provide a description of the organization's c	ollections and expla	in how they further	the organization's ex	xempt purpose i	n Part XIV.
5	During the year, did the organization solicit of					
	to be sold to raise funds rather than to be m					Yes No
Pai	Escrow and Custodial Arran					
	reported an amount on Form 990, Pa				,	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contribution	ns or other assets n	ot included	
	on Form 990, Part X?					Yes No
ь	If "Yes," explain the arrangement in Part XIV				••••••	
•						Amount
c	Beginning balance				1c	
	Additions during the year					<del></del>
	Distributions during the year					
f	Ending balance					<del></del>
-	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIV.		, 2, 1,	*****		
Par	evical II —		nswered "Ves" to Fo	orm 990 Part IV line	10	······
A company	a H i - i - i - i - i - i - i - i - i - i		(b) Prior year	(c) Two years back	1	back (e) Four years back
1_	Reginning of year balance	(a) Current year	(D) Filor year	(C) THO YEARS DOCK	1 1	back (e) tour years back
_	Beginning of year balance				100	
b	Contributions			<del> </del>	13. 2	1, 1977
	Net investment earnings, gains, and losses			1 55		
	Grants or scholarships			- 500	1 1 1 1 1	
Ð	Other expenditures for facilities			2	10000000000000000000000000000000000000	- Carried
	and programs	<u> </u>	<u> </u>	1.15.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Administrative expenses		ļ	1	14 /	The state of the s
g	End of year balance			1525 -	93.45	<u> </u>
2	Provide the estimated percentage of the year					
	Board designated or quasi-endowment		%			
	Permanent endowment	%				
_		<del>.</del> %				
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered for	r the organization	
	by:					Yes No
	(i) unrelated organizations					
	(II) related organizations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3a(ii)
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?			3b
4	Describe in Part XIV the intended uses of the					
FEST	IVI: Investments - Land, Building					
	Description of investment	(a) Cost or of basis (investi		(other) c	Accumulated lepreciation	(d) Book value
1a	Land					,
	Buildings					
c	Leasehold improvements					
	Equipment					
	Other					
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)	<b>&gt;</b>	0.

Schedule D (Form 990) 2009 IMPACT AUST Part VII Investments - Other Securities. Se	IN FOUNDATION FOR FORM 990, Part X, line		56	-2367666 Page 3
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value Cost or end-of-year ma	ation: rket value
Financial derivatives				
Closely-held equity interests				
Other				
· · · · · · · · · · · · · · · · · · ·	<u> </u>			
		CONTRACTOR IN 12	4 16 19 19 19 19 19 19 19 19 19 19 19 19 19	24 2 1844-5-9164 ( 40 2
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			14 计算时间程度	11、数额数)和 1:
Part VIII Investments - Program Related. S	ee Form 990, Part X, line	9 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year man	
		<u> </u>	JOSE OF EHO-OF-Year Thai	Ket value
		<del></del>		
			<del></del>	
- Andrews				
			<del></del>	
	<u> </u>			
				<del></del>
				<del></del> <del>.</del>
	.=			<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		120		10040011
Par X Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
				<del> </del>
<del></del>	······································			
Total. (Column (b) must equal Form 990, Part X, col (B) line		······	<u></u>	
Other Liabilities. See Form 990, Part X,  (a) Description of liability	IINB 25.	(b) Amount	1 1 1	1 ( ( 1)
		(D) Anothe		
Federal income taxes		·	┥ 、	
			<b>-</b> ∤` ,'	
		· · · · · · · · · · · · · · · · · · ·	<b>→</b> . ?,	
<del></del>			1: 1: 1: 1:	
			<b>⊣</b> ` : ::	
			<b>ቫ</b> , .΄ .΄	
			7 '	
			<b>기</b> : ·	
			7 ,	· - ·
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	,	<b>□</b>	1
2. FIN 48 Footnote, In Part XIV, provide the text of the foot		's financial statemer	nts that reports the ord	anization's liability for

	Edule D (Form 990) 2009 IMPACT AUSTIN FOUNDATION		<del></del>		30/000 Page 4
Pa	rt XII Reconciliation of Change in Net Assets from Form 990 to	<u>Audited</u>	financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				561,030.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		624,425.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<63,395.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments			• • • • • • • • • • • • • • • • • • • •	
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8	••• • • • • • • • • • • • • • • • • • •	9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		<63,395.>
	Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per F	eturn	<u> </u>
1				1	563,281.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			1 3	303/2011
-		2a		1	
a	Net unrealized gains on investments		2,352.	1 1	
þ	Donated services and use of facilities		4,334.	1 1	
C	Recoveres of prior year grants			1 . 4	
đ	Other (Describe in Part XIV.)	2d		1	0.050
е	Add lines 2a through 2d			2e	2,352.
3	Subtract line 2e from line 1			3	560,929.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			[#] <u>[</u> ]	
а	Investment expenses not included on Form 990, Part VIII, line 7b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Other (Describe in Part XIV)	4b	101.		
c	Add lines 4a and 4b			4c	101.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	561,030.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Return	)
1	Total expenses and losses per audited financial statements			1	626,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	******			
_	Donated services and use of facilities	22	2,352.	( P	
b	Pnor year adjustments			0.4g	
c					
d	Other losses Other (Describe in Part XIV.)	24		154	
_				2e	2,352.
9	Add lines 2a through 2d			3	624,324.
3	Subtract line 2e from line 1		· · · · · · · · · · · · · · · · · · ·	-3-	024,324.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		101.	1 1	
ь	Other (Describe in Part XIV.)	4b	101.	1 !	101
C	Add lines 4a and 4b			4c	101.
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. <u></u>		5	624,425.
Pai	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a a	and 4; Part IV, lines 1	b and 2b	Part V, line 4, Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple				
	5 2, 1 at 74, 1110 0, 1 at 711, 11103 24 and 45, and 1 at 7111, 11103 24 and 45. 1 650 0011ph	oto ano pt	at to provide any day		
Dλτ	OM VII IIMP AD OMUDD AD THOMADAMO.				
E 47	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
<b>.</b>	CATALON CATALON AND A 1 0 1				
KE.	MBURSMENTS: 101.				<del></del>
					<u> </u>
PAI	RT XIII, LINE 4B - OTHER ADJUSTMENTS:				
RE:	MBURSMENTS: 101.		····		

Open to Public **2 Employer identification number** 56-2367666 OMB No 1545-0047 2009 Inspection (h) Purpose of grant or assistance X Yes reciplent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (b) EIN (c) IRC section if applicable cash grant assistance or government assistance cash grant assistance or government of the following that is a sistence of the following that is a sistence or government or govern Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 105,000, 105,000, 105,000 105,000 105,000 criteria used to award the grante or assistance? IMPACT AUSTIN FOUNDATION 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 03-0517006 74-2648803 74-2431028 74-2369123 74-2369020 General Information on Grants and Assistance 1 (a) Name and address of organization INC. - PO BOX 301209 - AUSTIN, TX TEXAS - 3000 SOUTH IH-35, SUITE COMMUNITIES IN SCHOOLS CENTRAL BADGERDOG LITERARY PUBLISHING AUSTIN GROUPS FOR THE ELDERLY 3710 CEDAR STREET, BOX 2 6330 HWY 290 K, STE, 350 816 CONGRESS, SUITE 1680 AUSTIN PARKS FOUNDATION 200 - AUSTIN, TX 78704 CASA OF TRAVIS COUNTY Name of the organization AUSTIN, TX 78705 AUSTIN, TX 78723 AUSTIN, TX 78701 Department of the Treasury Internal Revonue Service SCHEDULE (Form 890) Part Part

932101 02-02-10

Schedule I (Form 990) 2009

:

5,700

501(C)(3)

74-6023176

AUSTIN YMBL BUNSHINE CAMPS

AUSTIN, TX 78768

PO BOX 684980

......

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

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 56-2367666 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) 2009 IMPACT AUSTIN FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of reciplents (a) Type of grant or assistance 992102 02-02-10

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047

Name of the organization

Employer identification number

IMPACT AUSTIN FOUNDATION	<u>56-2367666</u>
FORM 990, PART VI, SECTION A, LINE 6: EACH MEMBER IS ASKED	TO CONTRIBUTE
\$1,000 ON AN ANNUAL BASIS IN ORDER TO BE A MEMBER.	
FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER WILL	CONDUCT A FORMAL
REVIEW OF THE TAX RETURN WITH THE PREPARING CPA. THE PREP	ARING CPA WILL
TRANSMIT THE CORRECTED VERSION TO THE TREASURER, WHO WILL	SEND IT TO THE
CURRENT BOARD, VIA ELECTRONIC MAIL. THE TREASURER WILL DI	SCUSS THE FINAL
VERSION WITH THE BOARD AT A BOARD OF DIRECTORS' MEETING, A	ND THE BOARD WILL
APPROVE THE FILING OF THE TAX RETURN BY RESOLUTION BEFORE	THE RETURN IS
SIGNED AND FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF IN	TEREST POLICY
REQUIRES DISCLOSURE OF RELATIONSHIPS BETWEEN OUR BOARD AND	COMMITTEE
MEMBERS WITH ANY GRANT APPLICANT. EVERY BOARD AND COMMITT	EE MEMBER MUST
REVIEW THE POLICY AND SIGN A DISCLOSURE FORM ON AN ANNUAL	BASIS. RACH
BOARD AND COMMITTEE MEMBER IS REQUIRED TO RECUSE HERSELF F	ROM THE
DISCUSSION AND/OR VOTE ON ANY TOPIC WHERE A CONFLICT ARISE	S
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, COPIE	S OF THE 990 AND
EXEMPTION LETTER WILL BE PROVIDED IN A TIMELY MANNER AND A	REASONABLE
CHARGE MAY BE MADE. ANY OTHER REQUESTS FOR ASSOCIATION RE	CORDS SHOULD BE
IN WRITING AND REFERRED TO THE PRESIDENT.	

Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this</li> </ul>				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously file				
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete			
Part I only	<b></b> ▶ □			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an to file income tax returns.	extension of time			
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensio noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or corpor you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fill www.irs.gov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,			
Type or Name of Exempt Organization	Employer identification number			
IMPACT AUSTIN FOUNDATION	56-2367666			
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.				
filing your return. See mstructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  AUSTIN, TX 78755				
Check type of return to be filed (file a separate application for each return):				
X   Form 990				
REYNOLDS & FRANKE, PC  • The books are in the care of   • 6836 AUSTIN CENTER BLVD., SUITE 250 - AUSTIN, TX 78731  Telephone No.   • (512) 206-3141  FAX No.   • The books are in the care of   • 6836 AUSTIN CENTER BLVD., SUITE 250 - AUSTIN, TX 78731  Telephone No.				
If the organization does not have an office or place of business in the United States, check this box	s is for the whole group, check this			
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ ☐ calendar year or  ▶ ☐ tax year beginning ☐ JUL 1, 2009 , and ending ☐ JUN 30, 2010				
2 If this tax year is for less than 12 months, check reason: Initial return	Change in accounting period			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	20 6			
nonrefundable credits. See instructions.  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	_3a   \$			
tax payments made, include any prior year overpayment allowed as a credit.	3b \$			
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	"			
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c \$ N/A			
See instructions.  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8				
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev. 4-2009)			