

**Short Form**  
**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)

Department of the Treasury  
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization, number and street, city, town, state, and ZIP code</b> AUSTIN HOME BASE PO BOX 300456 Austin TX 78703-		<b>D Employer identification number</b> 20-1508336
				<b>E Telephone number</b> 512-299-5487
				<b>F Group Exemption Number</b> ▶
				<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
				<b>H Check</b> <input checked="" type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I Website:** ▶ www.austinhomese.org

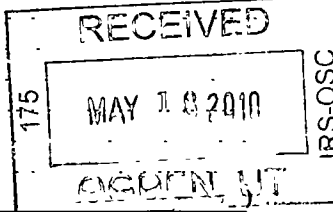
**J Tax-exempt status** (check only one) -  501(c)(3) ◀ (insert no ) 4947(a)(1) or 527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 250,981.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	12,533.
	2	Program service revenue including government fees and contracts	2	233,361.
	3	Membership dues and assessments	3	
	4	Investment income	4	66.
	5 a	Gross amount from sale of assets other than inventory	5 a	
	b	Less: cost or other basis and sales expenses	5 b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6 a	5,021.
	b	Less: direct expenses other than fundraising expenses	6 b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6 c	5,021.	
7 a	Gross sales of inventory, less returns and allowances	7 a		
b	Less: cost of goods sold	7 b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	250,981.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	200,220.
	13	Professional fees and other payments to independent contractors	13	3,100.
	14	Occupancy, rent, utilities, and maintenance	14	25,392.
	15	Printing, publications, postage, and shipping	15	2,140.
	16	Other expenses (describe ▶ SEE STMT)	16	13,203.
17	<b>Total expenses.</b> Add lines 10 through 16	17	244,055.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,926.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	10,819.
	20	Other changes in net assets or fund balances (attach explanation)	20	1,115.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	18,860.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14,962.	21,716.
23	Land and buildings		
24	Other assets (describe ▶ SEE STMT)	1.	1.
25	<b>Total assets</b>	14,963.	21,717.
26	<b>Total liabilities</b> (describe ▶ SEE STMT)	4,144.	2,857.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	10,819.	18,860.

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction.** Form **990-EZ** (2009)

SCANNED JUL 06 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38 b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39 a	
b	Gross receipts, included on line 9, for public use of club facilities	39 b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed		
42 a	The organizations books are in care of <u>MICHAEL KIESLING</u> Telephone no <u>512-276-2743</u> Located at <u>1507 BETTY JO DR TX Austin</u> ZIP + 4 <u>78704-</u>		
b	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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170 (b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Erin A Ronder* Date: 05/11/2010  
 ERIN A RONDER INTERIM EXEC DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: *M. Kiesling* Date: 05/11/2010 Check if self-employed:   
 Firm's name (or yours if self-employed): SCHULZE & ASSOCIATES INC EIN: P00067538  
 address, and ZIP + 4: 1308 RIDGEMONT DRIVE AUSTIN TX 78723- Phone no.: 512-276-2743

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: AUSTIN HOME BASE Employer identification number: 20-1508336

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

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

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

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 3 rows (11g(i), 11g(ii), 11g(iii)) and 2 columns (Yes, No)

h Provide the following information about the supported organization(s)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support

Total

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

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AUSTIN HOME BASE

Employer identification number

20-1508336

**1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	YES	NO
<b>1</b>	X	

**2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

<b>2</b>	X	
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**3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain

<b>3</b>	X	
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A nondiscriminatory statement is posted on our website, and  
is published in any ads which are periodically placed in  
local magazines and other media

**4** Does the organization maintain the following?

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>	X	
<b>4d</b>	X	

If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  
AHB does not have a scholarship program

**5** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Education policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

<b>5a</b>		X
<b>5b</b>		X
<b>5c</b>		X
<b>5d</b>		X
<b>5e</b>		X
<b>5f</b>		X
<b>5g</b>		X
<b>5h</b>		X

If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)

**6a** Does the organization receive any financial aid or assistance from a governmental agency?

<b>6a</b>		X
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**6b** Has the organization's right to such aid ever been revoked or suspended?

<b>6b</b>		X
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If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).

**7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev.

Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)

<b>7</b>	X	
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 OR 990-EZ. Schedule E (Form 990 or 990-EZ) 2009

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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 complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: AUSTIN HOME BASE, PO BOX 300456, Austin TX 78703-

Check type of return to be filed (file a separate application for each return):

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

- The books are in the care of MICHAEL KIESLING, Telephone No 512-276-2743, FAX No 512-538-1581
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15, 2009, to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 2009 or tax year beginning , 20 , and ending , 20

If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. 3a \$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$
3c 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). See instructions. 3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

US 990	Other Assets		2009
Description	Beginning of year book value	End of year book value	FMV
EQUIPMENT	27,797.	27,797.	7,500.
ACCUMULATED DEPRECIATION	(27,796.)	(27,796.)	7,500.
	1.	1.	

US 990	Other Changes in Net Asset or Fund Balances	2009
Description		Amount
CORRECTION ON PRIOR PERIOD ACCOUNTS RECEIVABLE		1,115.
		1,115.

US 990	Other Liabilities	2009	
Description	Beginning of year book amount	End of year book amount	
CREDIT CARDS	1,252.		
PAYROLL LIABILITIES	2,892.	2,857.	
	4,144.	2,857.	

US 990	Other Expenses			2009
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
ADVERTISING	4,508.			
FUNDRAISING EVENTS	227.			
FURNITURE AND EQUIPMENT	367.			
CLASSROOM SUPPLIES	6,102.			
BANK CHARGES	151.			
SOFTWARE, INTERNET AND WEBSITE	894.			
DUES AND SUBSCRIPTIONS	441.			
INTEREST EXPENSE	48.			
OFFICE EXPENSES	465.			
	13,203.			