

**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**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

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 **JANUARY 01**, 2009, and ending **DECEMBER 31**, 2009

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **Austin Project**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**5221 Ledesma Road**  
 City or town, state or country, and ZIP + 4  
**Austin TX 78721**

**D** Employer identification number  
**74-2634835**

**E** Telephone number  
**(512) 414-6822**

**G** Gross receipts \$ **345,383**

**F** Name and address of principal officer:  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3) (Insert no.)  4947(a)(1) or  527

**J** Website: **theaustinproject.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1992** **M** State of legal domicile: **TX**

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities: See attachment #1			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	108
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
REVENUE	8 Contributions and grants (Part VIII, line 1h)	200,124	343,831
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,196	1,552
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,643	-19,013
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,677	326,370
EXPENSES	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	146,411	191,271
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	16,939	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	59,756	83,003
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	206,167	274,274
19 Revenue less expenses. Subtract line 18 from line 12	-30,490	52,096	
NET ASSETS OR FUND BALANCES	20 Total assets (Part X, line 16)	Beginning of Current Year 164,139	End of Year 241,588
	21 Total liabilities (Part X, line 26)	1,731	6,715
	22 Net assets or fund balances. Subtract line 21 from line 20	162,408	234,873

**Part II Signature Block**

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 \_\_\_\_\_ Date \_\_\_\_\_  
**Donna Hagey** Executive Director  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date **06-24-2010** Check if self-employed  Preparer's identifying number (see instr.) \_\_\_\_\_  
 Firm's name (or yours if self-employed) **Rupert and Associates PC** EIN \_\_\_\_\_  
 address, and ZIP + 4 **10616 Manchaca Rd** Phone no. **(512) 282-2301**  
**Austin, TX 78748**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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