Short Form Return of Organization Exempt From Income Tax

2012

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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	2012 calenda	ar year, or tax year beginning , 2012, and en	ding		, 20						
В	Check if ap	oplicable:	C Name of organization		D Employer is	dentification number						
	Address c	change	Mayors Better Austin Foundation, Inc.			74-2966941						
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/	/suite	E Telephone r	number						
님	Initial retur		98 San Jacinto Blvd.	000	(5	12) 469-6112						
H	Terminate Amended		City or town, state or country, and ZIP + 4		F Group Exe							
H	Application		Number	>								
G		ting Method:	Check ► 🗸	if the organization is not								
	Websit	0	'	tach Schedule B								
			ck only one) — ✓ 501(c)(3)	•	0-EZ, or 990-PF).							
	Check >											
	not more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postc		_	-						
			ses to file a return, be sure to file a complete retum.		•	,						
L,	Add lines	5 5b, 6c, and 7	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets	(Part II,							
I	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ §	\$						
F	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (se	e the i	instruction	s for Part I)						
		Check if	the organization used Schedule O to respond to any question in this	Part I								
	1	Contributio	ns, gifts, grants, and similar amounts received		1	25,350						
	2	Program se	ervice revenue including government fees and contracts		2	0						
	3	Membershi	p dues and assessments		3	0						
	4	Investment	. 4	0								
	5a	Gross amo	unt from sale of assets other than inventory 5a		0							
	b	Less: cost	0									
	С	Gain or (los	5c	0								
	6	Gaming an										
ne Te	а		ome from gaming (attach Schedule G if greater than									
Revenue	b	Gross inco	me from fundraising events (not including \$ of contr	ibutions	s distribution	1991						
. jə			aising events reported on line 1) (attach Schedule G if the									
-		sum of suc	h gross income and contributions exceeds \$15,000) 6b		o							
,	С	Less: direc	t expenses from gaming and fundraising events 6c		0	11,075						
	d	Net income	tract									
		line 6c) .	i karantara da kara		6d	0						
	7a	Gross sales	s of inventory, less returns and allowances		0							
	· b		of goods sold		0							
	С	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0						
	8	Other rever	8	0								
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	25,350						
	10		similar amounts paid (list in Schedule O)			25,150						
	11		id to or for members			0						
es	12		her compensation, and employee benefits			Ö						
Expenses	13		al fees and other payments to independent contractors			0						
ď	14			0								
ш	. •	Printing, pu		0								
	16	Other expe		0								
	17	Total expe	nses. Add lines 10 through 16		. 17	25,150						
its	18		deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (must									
SSe	19		or fund balances at beginning of year (from line 27, column (A)) (must r figure reported on prior year's return)		V400-3-4-4W							
Net Assets	00	•	ges in net assets or fund balances (explain in Schedule O)			6258						
Ne	20											
- :	21	met assets	or fund balances at end of year. Combine lines 18 through 20		21	6458						

Pa	RELIE Balance Sheets (see the instructions	for Part II)				.441
	Check if the organization used Schedule	e O to respond to a	ny question in this			
			, , , , , , , , , , , , , , , , , , , ,	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			6258	22	645
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			6258		645
26	Total liabilities (describe in Schedule O)				26	043
27	Net assets or fund balances (line 27 of column			6258		645
Par					21	
	Check if the organization used Schedule			,		Expenses
Mha	t is the organization's primary exempt purpose?	······································				uired for section c)(3) and 501(c)(4)
:			Betterment Activitie			nizations and section
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for eactions.	nanner, describe th	of its three largest per services provided	program services, d, the number of		(a)(1) trusts; optional thers.)
28	Awards for City's "Live Music Capital of the World" (Celebration. Attenda	nce 200+. Awardees	3-5		
	(Grants-\$ 150) If this amount	t includes foreign gra	ants, check here .	🕨 🗌	28a	150
29	Support for Mayor of Austin's Task Force on Aging.	Members 20+. Perso	ons benefitted includ	e senior		
	population of Austin.		***************************************			
		************************				3
	(Grants \$ 25,000) If this amount	t includes foreign gra	ants, check here .	▶ □	29a	25,000
["] 30						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
						,
	(Grants \$ ) If this amount	t includes foreign gra	ants, check here .		30a	
31	Other program services (describe in Schedule O)					
٠.	(Grants \$ ) If this amount	31a				
32	Total program service expenses (add lines 28a	through 31a)	and, oncontroro		32	-
Par						ions for Part IV
ı ca	Check if the organization used Schedule					
	Officer if the organization adea confedere	T	(c) Reportable	(d) Health benefits,		
s y'e	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	ot	Estimated amount of ther compensation
Jame	s E. Cousar					
98 Sa	an Jacinto, Ste. 1900, Austin, TX 78701	President - 1			0	(
Kirk '	Watson				$\top$	
	Congress Ave. Ste. 1400, Austin, TX 78701	Board Member <1			0	(
	r Tate					
	N. Lamar, Austin, TX 78703	Board Member <1			0	(
1100	N. Edital, Nasciii, 1X 70700	Board Weinber 41		,	<u> </u>	
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	3 Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		· ✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		SAME A
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	e-lamana,	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		74	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			va (i)
a b	Gross receipts, included on line 9, for public use of club facilities	134		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ►			
, 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 did it engage in an excess benefit transaction in a prior year that has not been			Sept Sept
*:	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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			
е	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		\
41	List the states with which a copy of this return is filed ► N/A			
42a	7770 019411241011 0 0 0 0 110 410 111 1111 11111 11111 11111 11111 11111 1111	512) 46 78701		2
b	Located at ▶ 98 San Jacinto Blvd., Suite 1900, Austin, TX ZIP + 4 ▶ 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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►		拉克斯	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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		. •	
			Yes	Control of the last
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	042	✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		/
	Form 990-EZ (see instructions)	45b	er sente	

46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities or	n behalf of or	in opposit	tion	Yes No
Part '	to candidates for public office? If "Yes," VI Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51 Check if the organization used So	s only ns must answer que	stions 47–49b and	52, and co		e tables fo	🗆
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a set II	section 501(h) election	on in effect o	during the	tax	Yes No ✓
48 49a b 50	Is the organization a school as described in Did the organization make any transfers of the "Yes," was the related organization as Complete this table for the organization's employees) who each received more than	to an exempt non-cha ection 52 7 organizatio s five highest compen	ritable related organi n?	zation? her than offic	ers, direct	. 49a . 49b ors, trustee	
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	to employee and deferred	(e) Estimated other comp	
None							-
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors	who each	received r	nore than
	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of sen	vice	(c)	Compensation	<u>) </u>
None ———							
			5				<u>-</u>
							-
d 52	Total number of other independent control Did the organization complete Schedule			►		0	
Under pe	nonexempt charitable trusts must attach	a completed Schedule	e A	ents, and to the	best of my kn	Yes owledge and b	☐ No
Sign Here	Signature of officer James E. Cousar, President				Aug. 1	5,201	3
Paid Prepa	I	Preparer's signature	Da		Check ☐ self-employ	if PTIN yed	
Use C	Firm's address ne IRS discuss this return with the prepare	r shown above? See ii	estructions	.,	е по.	▶ □ Ves	□ No:

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

2012

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.

Open to Public Inspection

OMB No. 1545-0047

Name o	f the organization							Employer	identification	on number	
The second second	s Better Austin F			. ,.	.					966941	
Part			rity Status (All orga						instructi	ons.	
1 [2 [3 [A church, cor A school desc A hospital or a	nvention of churc cribed in section a cooperative ho	ation because it is: (Fo ches, or association of a 170(b)(1)(A)(ii). (Atta ospital service organiz on operated in conjun	f churche ch Sched ation des	es describ dule E.) scribed in	ed in section	ction 170)(b)(1)(A)()(A)(iii).	•)(iii). Ente	er the
	hospital's nan	ne, city, and stat	te:								
5 [on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ege or un	iversity c	wned or	operated	d by a go	overnmen	ntal unit d	escribed in
	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.)										
8 [A community	trust described	in section 170(b)(1)(A	a)(vi). (Co	mplete P	art II.)					
9 [
10	🗌 An organizatio	on organized and	d operated exclusively	to test f	or public	safety. S	ee sec tio	on 509(a)	(4).		
11 [purposes of o	one or more put	nd operated exclusivolicly supported organidescribes the type of	nizations	describe	ed in sec	tion 509(a)(1) or s	ection 50	09(a)(2). S	
e [f g	other than for or section 509 If the organiz organization, o	undation manage (a)(2). ation received check this box 17, 2006, has t	that the organization ers and other than on a written determination.	is not co e or mor on from	ontrolled on trolled on trolled on the IRS	directly o	r indirect ted orgar a Type	l, Type	or more described II, or Typ	disqualifid in section	ed persons on 509(a)(1)
			indirectly controls, eit	her alone	e or toget	ther with	persons	describe	d in (ii) a	nd .	Yes No
	(iii) below,	the governing b	ody of the supported	organizat	tion?		·			11g(i)	1
		•	on described in (i) abo							11g(ii)	1
h		•	a person described in ion about the support	., .,						11g(iii))
(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support?							
			(300 1130 001013))	Yes	No	Yes	No	Yes	No		
(A) City	of Austin	74-6000085	6	1		1		/			25,150
(B)											
(C)											
(D)											
(E)	· · · · · · · · · · · · · · · · · · ·			I SUPERIOR VII	See many 12 200 7250		Or war a wear a		E-7-7711100		
.											

	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	ion A. Public Support	J quality und	el the tests in	sted below, p	blease comple	ete Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(b) 2009	(6) 2010	(u) 2011	(e) 2012	(i) rotar
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	Section 1			MH. OLD THE STATE OF	法科型 计包基	
Sect	ion B. Total Support					`	
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	. (see instructi		d third fourth	or fifth toy y	12	501(0)(3)
13	organization, check this box and stop her	-			-		
Sacti	on C. Computation of Public Suppor			· · · · ·			
14	Public support percentage for 2012 (line 6	· · · · · · · · · · · · · · · · · · ·	,	1. column (f)		14	%
15	Public support percentage from 2011 Sch		-			15	%
16a	33 ¹ / ₃ % support test—2012. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	heck this
b	331/3% support test—2011. If the organ check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	ganization .		. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "factorization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	is box and sto	op here.
10	supported organization						
18	instructions			, 10a, 10D, 17a	, or trb, chec	niis dox and	see . ► □

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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L.C.							
	(Complete only if you checked the						ier Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	11.)	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
0	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	· · · · · · · · · · · · · · · · · · ·					
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	and the later of the later			La contract of the second		
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)		是是領亞的原始		Service and the	対が性は一次の方面	
	on B. Total Support	(-) 0000	(I-) 0000	(-) 0010	(-1) 0011	(-) 0010	(6) Takal
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	<u> </u>						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop her	e					🕨 🗌
Secti	on C. Computation of Public Support	Percentag	e				
15	Public support percentage for 2012 (line 8	, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2011 Sch	edule A, Part	III, line 15			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (li					17	%
18	Investment income percentage from 2011					18	%
19a	331/3% support tests—2012. If the organiz						
	17 is not more than 331/3%, check this box a		_	•		-	
b	331/3% support tests—2011. If the organiza						
	line 18 is not more than 331/3%, check this b	ux and st op h	ere. The organi	zation qualifies	as a publicly st	ipported organiz	cation 🟲 📗

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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