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Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

Form **990-EZ** (2008)

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)

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 \$1,000,000 and total assets less than \$2,500,000 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 th	ne 2008 calendar year, or tax year beginning	and end	ling			
	Check i applicat			·]	D Emp	loyer	identification number
Ė	Addre	ss use IRS					
	Name	Print TEXAS AFTER VIOLENCE PROJECT			8	0 – 0	294810
	Initia	Number and street (or P.O. box. if mail is not delivered to street address)		Room/suite	E Tele	phone	number
	Term	un- Specific DO BOX 41476			5	12-	916-1600
		tions City or town, state or country, and ZIP + 4			F Gro	up Exe	mption
	Apply	AUSTIN, TX 78704			Nur	nber 🕨	>
_	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comp	oleted	G Accoun	iting m	ethod:	X Cash Accrual
		Schedule A (Form 990 or 990-EZ)		Other (specify)▶	
ī	Websi	te: ▶www.texasafterviolence.org		H Check		X ıf t	the organization is not
		ization type (check only one)— $X = 501(c)(3)$ (insert no.) 4947(a)(1) or	527				dule B (Form 990, 990-EZ, or 990-PF)
K	Check	if the organization is not a section 509(a)(3) supporting organization and its gross rec	ceipts are	normally not	more	than \$2	25,000. A return is not
	require	ed, but if the organization chooses to file a return, be sure to file a complete return.					
L	Add Iır	nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 ins	tead of F	orm 990-EZ		\$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala	nces (See the instru	uctions	for Pa	
	1	Contributions, gifts, grants, and similar amounts received				1	60,080.
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	
	4	Investment income				4	
	5a	Gross amount from sale of assets other than inventory 5a					
	b	Less cost or other basis and sales expenses 5b					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach so				5c	
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from g	gaming, c	heck here ►	\cdot \sqcup $ $	ļ	
	a	Gross revenue (not including \$ of contributions					
		reported on line 1) 6a					
	b	Less direct expenses other than fundraising expenses 6b					
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	•			6c	
	7a	Gross sales of inventory, less returns and allowances 7a					
	b	Less; cost of goods sold 7b					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	60,080.
	10	Grants and similar amounts paid (attach schedule)				10	
	11	Benefits paid to or for members				11	
es	12	Salaries, other compensation, and employee benefits				12	50 040
ens	13	Professional fees and other payments to independent contractors				13	52,342.
Expenses	14	Occupancy, rent, utilities, and maintenance				14	4,125.
_	15	Printing, publications, postage, and shipping	α .		1.	15	1,488.
	16		State	ement	_ `	16	24,227.
_	17	Total expenses Add lines 10 through 16			<u> </u>	17	82,182.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	<22,102.>
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				۱.,	A 165
Ž		(must agree with end-of-year figure reported on prior year's return)				19	4,165.
Ž	20	Other changes in net assets or fund balances (attach explanation				20	17 027
	21	Net assets or fund balances at end of year. Combine tines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file	a Farm Of	On instead of	Form (21	<17,937.>
LP	art I	(See the instructions for Part II) $ \hat{\mathbf{U}} $				190-67	
_			(A)	Beginning o		1	(B) End of year
2:		sh, savings, and investments		4,	165		<1.>
2			\ 			23	
2			/		165	· 25	
2		tal assets tal liabilities (describe ► CASH DEFICIT)	、 ├─	4 ,	163	_	4 4
20			′ ├		165		
2	7 Ne	et assets or fund balances (line 27 of column (B) must agree with line 21)	l l	¥,	TO 3	• 1 2/	1 711,331.02

Forn	n 990-EZ (2008)			80-	02948	TO Page 2
D:	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III)		E:	xpenses
	at is the organization's primary exempt purpose? See Statement		·			for 501(c)(3)
				_	and (4) or	ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In a		escribe the services) trusts; optional
pro۱	rided, the number of persons benefited, or other relevant information for each pr	ogram title.			for others)
28	RESEARCH & ORAL HISTORY INTERVIEWS.	SHARING FIND	INGS WITH			
	THE PUBLIC. EXPLORING MODELS OF TRA			_	1 1	
	THE POPULOT BUILDING HOUSE OF THE		001101	—	1 h	
				$\overline{}$	1	00 101
	(Grants \$) If this amount includes foreign of	grants, check here		يبا.	28a	82,181.
29						
				_	!	
				_		
	10 1 A			$\overline{}$		
	(Grants \$) If this amount includes foreign g	grants, cneck nere			29a	
30						
					1 1	
	(Grants \$) If this amount includes foreign of	grants chack here	•		30a	
	<u></u>	grants, check here		<u> </u>	1304 -	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	grants, check here		Ш	31a	
32	Total program service expenses (add lines 28a through 31a)			•	32	82,181.
P	art IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ev	ven if not compensated	(See the	instructions	for Part IV)
<u></u>		1	1		ontributions	,
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	• •	position	-0)		eferred	other allowances
		·	'	com	pensation	
$\overline{\mathbf{v}}$	RGINIA GARRARD BURNETT	PRESIDENT		1		
	03 W 42ND ST, AUSTIN, TX 78756	1.00	0.	1	0.	^
			0.	<u> </u>	<u> </u>	0.
	MES R. CROSBY	TREASURER				
65	06 ST STEPHENS DR, AUSTIN, TX 78746	1.00	0.	ŀ	0.	0.
BE	NJAMIN KUIPERS, 1366 N HURON RIVER	BOARD MEMBER				
	R, YPSILANTI, MI 48197	1.00	0.		0.	0.
		BOARD MEMBER				
_		4	_		_	i .
	01 SPICEWOOD, HARLINGEN, TX 78552	1.00	0.		0.	0.
ΕI	LEN SWEETS	BOARD MEMBER				
53	07 SUMMER DR, AUSTIN, TX 78741	1 1.00	0.		0.	0.
	RISTEN SMITH	BOARD MEMBER				
			۸ ا		^	_
200	18 VASSAR DR, AUSTIN, TX 78723	1.00	0.		0.	0.
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Page 3

Ψa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			,
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
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 your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			" "
а	Initiation fees and capital contributions included on line 9 39a N/A	. 1		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			_
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under	1		
	sections 4912, 4955, and 4958			
d	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		X
41	List the states with which a copy of this return is filed. None			
42 a	The books are in care of \blacktriangleright The Organization Telephone no. \blacktriangleright 512-91			
	Located at \triangleright PO BOX 41476, AUSTIN, TX ZIP+4 \triangleright 7	<u>870</u>	4	
þ	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		Yes	
	account)?	42b	ļ	X
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			L_
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	_	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		<u> </u>	<u> </u>
	Form 990-EZ	44	<u> </u>	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	ļ		L
_	completed instead of Form 990-EZ	45	<u> </u>	X
	· · · · · · · · · · · · · · · · · · ·	orm 9	90-EZ	(2008)

Form 990-EZ (2008)

Form 990-E			A	00-0294			age 4
Part VI		on 501(c)(3) organizations mus	a answer question	is 46.49 and co	mpiete	tne	
40 0 1 11	tables for lines 50 and 51		and datas for public		- 1	'es	No
	e organization engage in direct or indirect political campaign activities	s on benait of or in opposition to t	andidates for public	Г	46	es	No X
	? If "Yes," complete Schedule C, Part I	sheeteds O Deet II		}	47	-+	$\frac{\Lambda}{X}$
	ne organization engage in lobbying activities? If "Yes," complete Sc		ule E	}	48	-	$\frac{\Lambda}{X}$
	organization operating a school as described in section 170(b)(1)(A)		ule E	}	49a		$\frac{\Lambda}{X}$
	ne organization make any transfers to an exempt non-charitable relate s," was the related organization(s) a section 527 organization?	u organization?		}	49b	-	
	s, was the related organization(s) a section 327 organization? plete this table for the five highest compensated employees (other that	n officers, directors, trustees and	kev emnlovees) who	each received m		\$100	000
•	mpensation from the organization. If there is none, enter "None."	in omeons, uncotors, irastees and	key employees/ mile	Cuon received in	oro man	ψ	,000
01 00	impensation from the organization. It there is note, often from.						
				(D) Contribution	s	_	
	(a) Name and address of each employee paid more	(b) Title and average hours per week devoted to	(c) Compensation	to employee benefit plans &		Exper	
	than \$100,000	per week devoted to		deferred	account other allow		
	NONE			compensation			
-							
				<u> </u>			
				1			
				-			
			_				
		<u> </u>					
	plete this table for the five highest compensated independent contract	ors who each received more than	\$100,000 of compe	nsation from the	organiza	tion. I	f there
is nor	ne, enter "None."						
	NONE	than @100 000	(h) Turn of an		٠ . ٥		
	(a) Name and address of each independent contractor paid mor	re than \$ 100,000	(b) Type of ser	vice (c) Comp	ensati	on
			-				
			1				
			1				
Total numb	per of other independent contractors each receiving over \$100,000	<u> </u>					
	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on a	accompanying schedules and statemer	nts, and to the best of m	y knowledge and be	lief, it is tr	ue,	
Sign	1/1/Vyunett		oo.go	110/15/	10		
Here	Signature of officer			Date /			
	Virginia Garrard Burnett, pi	resident					
	Type or point name and title						
Paid	Preparer's signature		ck if self- Prep	parer's Identifying N	umber (Se	e instr)
Preparer's Use Only	RBITTI RECTI	10/15/10 em	oloyed				
USE UNIY	Firm's name (or yours KEITH RECH & COMPANY		EIN I				
	if self-employed), 2312 WESTERN TRAILS B		Phon				
	address, and ZIP+4 AUSTIN, TX 78745-16	77	no.	(512)		<u>14'</u>	77
May the IR	S discuss this return with the preparer shown above? See instruction	s		> [X Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public

Inspection

Name of the organization

TEXAS AFTER VIOLENCE PROJECT

Employer identification number 80-0294810

Part I	Reason	or Public Chari	ity Status (All organiz	ations mus	st complet	e this part) (see ins	tructions)			
The organ	ization is not a	рпvate foundation I	because it is. (Please ch	eck only o	ne organiz	ation.)					
1 🗖			s, or association of chur				(b)(1)(A)(i)				
2 🗔			0(b)(1)(A)(ii). (Attach Sc								
3 🗔			tal service organization		n section	170(b)(1)(A)(iii), (At	tach Sche	dule H)		
4			operated in conjunction							ne hospital'	s name
4 🗀			operated in conjunction	With a rios	pital doool	1000 111 00	0	(=)(-)()(iji Lilioi ti	io ricopitai	o riairio,
- [city, and state		benefit of a college or u	nwamity or	wood or on	orated by	a dovorni	montal uni	t describe	id in	
5 🔛	=			iliversity of	when or op	erated by	a governi	Herital Ulli	t describe	u III	
_ —		(b)(1)(A)(iv). (Comple									
6 🖳	•		ent or governmental uni								
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	intal unit c	or from the	general p	ublic desci	ribed in
	-	b)(1)(A)(vi). (Comple									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vı).	(Complete	Part II.)						
9 X	An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support fr	om contri	butions, n	nembershi	p fees, an	d gross rec	eipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross	ınvestment
	income and i	inrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	0, 1975
	See section	509(a)(2). (Complete	the Part III.)								
10 🔲	An organizati	on organized and of	perated exclusively to te	st for publ	ic safety S	See sect io	n 509(a)(4	I). (see ins	tructions)		
11 🔲	An organizati	on organized and or	perated exclusively for the	he benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes o	f one or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	n 509(a)(2	2). See se c	ction 509 (a)(3). Che	ck the box	that
			organization and compl								
	a Type I	ь 🗀	Type II	qyT 🗀 s	e III - Func	tionally int	egrated		d 🔲	Type III - C	Other
е 🗌			it the organization is not	controlled	directly o	r indirectly	bv one o	r more dis			
		•	han one or more publicl		-	_	-		-		
f		-	ten determination from						(-)(-)		\-/\-/
•	_	rganization, check th				, . , , , , , , , , , , , , , , , , , ,	.,,				
~		~	organization accepted a	ny aift or c	ontribution	from any	of the foll	owing ner	sons?		
g	•		lirectly controls, either a			-				1	Yes No
			upported organization?	ione or tog	etilei Witii	persons c	escribed	iii (ii) ai ia (iii, below,	11g(i)	163 140
	•	•	n described in (i) above?	,							
		<u> </u>	• •		^2					11g(n)	
		•	person described in (i)							11g(iii)	
h	Provide the f	ollowing information	about the organizations	s the organ	iization sup	opons					
			(iii) Type of	10. 11. 11.		4304		()) (-	46 - 1		
	of supported	(ii) EIN	organization		organization sted in your	organizat	notify the	Lorganizáti	on in col. I	(vii) Am	
orga	anization		(described on lines 1-9		document?		support?	(i) organiz U.S	ed in the	supp	port
			above or IRC section	Yes	No	Yes	No	Yes	No No		
			(see instructions))	163	140	163	140	162	110		
								}]		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

/a	10% -facts-and-circumstances test - 2008. 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	ightharpoons
b	10% -facts-and-circumstances test - 2007. 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	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 1 Gifts, grants, contributions, and membership fees received. (Do not 20,000. 60,080. 80,080. 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 20,000. 60.080. 80,080. 6 Total, Add lines 1 - 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 1% of the total of lines 9. 10c. 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 80,080. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 20,000. 60,080. 80,080. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) 80,080. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. $\triangleright X$ check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008 · '• •

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
ADVERTISING MILEAGE REIMBURSEMENT DONATIONS DUES, SUBSCRIPTIONS & CONFI MEALS & ENTERTAINMENT FURNITURE & FIXTURES OFFICE SUPPLIES TRAVEL UTILITIES	ERENCE FEES	6,567. 1,871. 324. 2,530. 263. 5,816. 4,009. 1,764. 1,083.
Total to Form 990-EZ, line	16	24,227.

FORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		ts		Statemen			
A)	Did the organization, during the year, receive any fudirectly or indirectly, to pay premiums on a personal benefit contract?	-	[) Y	'es	[X]	No
B)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	et? .	. [] Y	'es	[X]	No

990-EZ Pg 2

. . . .

Statement 3

TO STUDY THE EFFECTS OF CAPITAL PUNISHMENT