

Form **990-EZ**

**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.

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning **9/01/08**, and ending **8/31/09**

<input type="checkbox"/>	Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE VOLUNTEER SERVICES COUNCIL OF THE AUSTIN STATE HOSPITAL, INC.		D Employer identification number 74-1601222
<input type="checkbox"/>	Address change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number 512-419-2330
<input type="checkbox"/>	Name change		4110 GUADALUPE ST.		F Group Exemption Number
<input type="checkbox"/>	Initial return		City or town, state or country, and ZIP + 4 AUSTIN TX 78751-4223		
<input type="checkbox"/>	Termination				
<input type="checkbox"/>	Amended return				
<input type="checkbox"/>	Application pending				

● 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.ASHVOLUNTEERS.ORG	G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule 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 receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **167,004**

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	156,470
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	-9,246
	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 sch)	5c	
	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)	6a	4,492
b Less direct expenses other than fundraising expenses	6b	19,459	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-14,967	
7a Gross sales of inventory, less returns and allowances	7a	15,288	
b Less cost of goods sold	7b	482	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,806	
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	147,063	
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	
	13 Professional fees and other payments to independent contractors	13	5,150
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,790
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	159,183
	17 Total expenses. Add lines 10 through 16	17	166,123
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,060
	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	214,496
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-19,571
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	175,865

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments		214,496	22	176,525	
23 Land and buildings			23		
24 Other assets (describe ▶ _____)			24		
25 Total assets		214,496	25	176,525	
26 Total liabilities (describe ▶ SEE STATEMENT 3)		0	26	660	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		214,496	27	175,865	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form **990-EZ** (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SEE STATEMENT 4			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	SEE STATEMENT 5		
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,408
29	SEE STATEMENT 6		
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	667
30	THE COUNCIL SUPPORTS THE EMPLOYEES AND THE VOLUNTEERS OF THE HOSPITAL BY PROVIDING ANNUAL RECOGNITION BANQUETS AND PIZZA FOR THE NIGHT SHIFTS ONE NIGHT EACH YEAR.		
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	10,024
31	Other program services (attach schedule) SEE STATEMENT 7		
(Grants \$ _____)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	140,469
32	Total program service expenses (add lines 28a through 31a)	32	155,568

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRUCE PERKINS 98 SAN JACINTO BLVD, SUITE 200 AUSTIN TX 78701	CHAIR 2	0	0	0
HELEN HEARD 3804 AVENUE F AUSTIN TX 78751	VICE CHAIR 2	0	0	0
DIANNA PICKENS 713 WINDSONG TRAIL AUSTIN TX 78746	SECRETARY 2	0	0	0
JIM TAYLOR 3211 STEVENSON AVENUE AUSTIN TX 78703	TREASURER 2	0	0	0
JOHN BRYAN PO BOX 162562 AUSTIN TX 78716	DIRECTOR 2	0	0	0
KERSTIN COCHRAN 501 WESTERN TRAILS GEORGETOWN TX 78628	DIRECTOR 2	0	0	0
HEATHER GOETZ 6501-B SHADOW VALLEY DRIVE AUSTIN TX 78731	DIRECTOR 2	0	0	0
HARRY MIDY 6800 MCNEIL DR. #1026 AUSTIN TX 78759	DIRECTOR 2	0	0	0
JANINE MAYS 611 E 11TH STREET AUSTIN TX 78701	DIRECTOR 2	0	0	0
JULIAN RIVERA 2404 FOREST BEND DRIVE AUSTIN TX 78704	DIRECTOR 2	0	0	0
JOHN WATERMAN 5212 A. AVE. H AUSTIN TX 78751	DIRECTOR 2	0	0	0

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

		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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a _____		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b _____		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 ▶ 39a _____		
39b	b Gross receipts, included on line 9, for public use of club facilities ▶ 39b _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	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		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The books are in care of ▶ JIM TAYLOR Telephone no ▶ 512-628-4030 3211 STEVENSON AVENUE Located at ▶ AUSTIN, TX ZIP + 4 ▶ 78703		
42b	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.	Yes	No
42c	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 ▶ _____		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		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the 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				

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

51 Complete this table for the 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		

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
Date 6-29-10

Signature of officer [Signature]
Type or print name and title JAMES A. TAYLOR - TREASURER

Paid Preparer's Use Only
Preparer's Identifying Number (See instr) P00146216

Preparer's signature [Signature] CPA
Date 6/22/10

Firm's name (or yours if self-employed), address, and ZIP + 4 JOHN F. LEWIS P.C. 3613 WILLIAMS DRIVE, STE 501 GEORGETOWN, TX 78628-1371
EIN 74-2594500

Phone no 512-863-5720

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	30,793	27,595	48,014	29,044	48,242	183,688
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	19,659	100,076	191,214	86,037	108,228	505,214
4 Total. Add lines 1-3	50,452	127,671	239,228	115,081	156,470	688,902
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						688,902

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	50,452	127,671	239,228	115,081	156,470	688,902
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,517	5,769	248	133	77	9,744
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 Total support. Add lines 7 through 10						698,646

12 Gross receipts from related activities, etc (see instructions) 12

13 **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, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.6053 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.5865 %

- 16a **33 1/3 % support test—2008.** 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—2007.** 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—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
- 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

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

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees 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 1-5						
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						
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
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 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 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 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ACTIVITY DIRECTOR	15,772
ANNUAL EMPLOYEE RECOGNITI	6,305
BANK CHARGES	1,193
HOLIDAY PROJECT	4,408
IN KIND CONTR. - GOODS	108,228
INSURANCE	100
MEMBERSHIP SUBSCRIPTIONS	840
OTHER MISCELLANEOUS ADMIN	13,334
PR AND COMMUNITY EDUCATIO	4,617
VOLUNTEER ADMINISTRATION	3,719
PASTORAL CARE	377
PATIENT TRANSPORTATION	290
TOTAL	\$ <u>159,183</u>

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENT	\$ -19,571
TOTAL	\$ <u>-19,571</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	\$ 660
	<u> </u>	<u> </u>
	<u> </u>	<u> </u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

TO IMPROVE THE QUALITY OF LIFE FOR PATIENTS WITH MENTAL ILLNESS AND THE STAFF WHO SERVE THEM THROUGH ADVOCACY, EDUCATION AND SOLICITATION OF FUNDS.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

TO IMPROVE THE QUALITY OF LIFE OF THE PATIENTS LIVING AT THE HOSPITAL ON CHRISTMAS DAY, THE COUNCIL PROVIDES A CHRISTMAS CELEBRATION INCLUDING PARTIES, A DANCE, A VISIT FROM SANTA AND AT LEAST THREE GIFTS FOR EVERY PATIENT.

Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

TO IMPROVE THE QUALITY OF LIFE OF THE PATIENTS EVERY DAY OF THE YEAR, THE COUNCIL PROVIDES RECREATIONAL SUPPLIES, ARTS AND CRAFTS SUPPLIES, YOGA, MINIATURE PONIES, BARBEQUES, OFF-SITE OUTINGS, BINGO, MOVIE RENTALS AND VARIOUS OTHER RECREATIONAL OPPORTUNITIES.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

THE SPARKS OF LIFE PROGRAM AND PET PARTNERS ARE TWO NEW PROGRAMS TO PROVIDE QUALITY ENTERTAINMENT AND PET THERAPY FOR THE PATIENTS.