

RANDY WALKER & CO., CPA'S
7800 IH 10 WEST, SUITE 505
SAN ANTONIO, TEXAS 78230
(210) 366-9430

ALAMO AREA RAPE CRISIS CENTER
7500 US HWY 90 W, STE 201, BLDG 2
SAN ANTONIO, TX 78227

ALAMO AREA RAPE CRISIS CENTER:

ENCLOSED IS THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY,

RANDY L. WALKER, CPA

Form **990**
Department of the Treasury
Internal Revenue Service

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)

OMB No. 1545-0047

2009

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 **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALAMO AREA RAPE CRISIS CENTER Doing Business As RAPE CRISIS CENTER		D Employer identification number 74-2236387
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7500 US HWY 90 W, STE 201, BLDG 2		E Telephone number (210) 521-7273
		City or town, state or country, and ZIP + 4 SAN ANTONIO, TX 78227		G Gross receipts 1,367,035. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: LARRY HOBBS SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) 03 (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTP://WWW.RAPECRISIS.COM		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1982		M State of legal domicile: TX		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPREHENSIVE SERVICES TO VICTIMS OF SEXUAL ASSAULT AND THEIR FAMILIES AND TO		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	70
	6 Total number of volunteers (estimate if necessary)	6	80
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,079,012.	1,303,656.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,950.	6,692.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	78.	40.
	12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	89,467.	33,330.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-6)	1,173,507.	1,343,718.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,621.	10,371.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10)	969,267.	1,034,291.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,511.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-12f)	219,339.	213,267.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,198,227.	1,257,929.	
19 Revenue less expenses. Subtract line 18 from line 12	-24,720.	85,789.	
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	344,050.	379,268.
	22 Net assets or fund balances. Subtract line 21 from line 20	124,769.	74,198.
		219,281.	305,070.

Part II Signature Block

Under penalties of perjury, I declare that I have prepared 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: *[Signature]* Date: **128 Oct 10**
JEFF COX, CHAIRMAN
 Type or print name and title

Prepared by:
 Preparer's signature: *[Signature]* Date: _____
 Firm's name (or your own if self-employed), address, and ZIP + 4: **RANDY L. WALKER, CPA**
7800 IH 10 WEST, SUITE 505
SAN ANTONIO, TX 78230
 Check if self-employed: Preparer's identifying number (see instructions): **EIN ▶**
 Phone no.: **(210) 366-9430**

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO PROVIDE COMPREHENSIVE SERVICES TO VICTIMS OF SEXUAL ASSAULT AND THEIR FAMILIES AND TO CONDUCT SEXUAL ASSAULT PREVENTION AND EDUCATION PROGRAMS TO YOUTH THROUGHOUT SAN ANTONIO, BEXAR COUNTY AND SURROUNDING AREAS. GOALS INCLUDE: (1) ASSURE THAT RAPE VICTIMS AND OTHER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 755,464. including grants of \$) (Revenue \$ 28,015.) THIRTY-FIVE (35) YEARS AGO, TWO NOTABLE LEADERS IN BEXAR COUNTY - FORMER SAN ANTONIO MAYOR LILA COCKRELL AND ATTORNEY JANE MACON - SAW AN INJUSTICE; A CRITICAL NEED THAT WAS GROWING IN SAN ANTONIO - THE LACK OF A SYSTEM TO PROVIDE TREATMENT FOR VICTIMS OF SEXUAL VIOLENCE INCLUDING WOMEN, CHILDREN AND MEN OF ALL WALKS OF LIFE. THIS CORE GROUP OF VOLUNTEERS BROUGHT THEIR OWN EXPERTISE, EXPERIENCES AND PAIN TO THE TABLE AND EMBARKED ON A MISSION TO SUPPORT SURVIVORS AND THEIR FAMILIES, AND TO PROMOTE RISK-REDUCTION PROGRAMS WITHIN THE COMMUNITY'S EDUCATIONAL SYSTEM. THE CENTER HAS GROWN FROM THAT SMALL, DYNAMIC GROUP TO A STRONG, INDEPENDENT, MULTI-FACETED AGENCY TODAY; OFFERING A 24-HOUR, SEVEN-DAY-A-WEEK, IN-HOUSE CRISIS HOTLINE (TELEPHONE AND INTERNET-BASED); COUNSELING SERVICES (INDIVIDUAL, GROUP AND CHILD PLAY

4b (Code:) (Expenses \$ 287,120. including grants of \$) (Revenue \$ 12,007.) EDUCATION & OUTREACH: STAFF CONDUCTS PRIMARY PREVENTION FOCUSED EDUCATION SESSIONS FOR YOUTH KINDER THROUGH UNIVERSITY LEVEL, FACULTY, STAFF, LAW ENFORCEMENT, VICTIM SERVING PROFESSIONALS AND COMMUNITY AND NON-PROFIT ORGANIZATIONS. DURING THE PRIOR FISCAL YEAR, OF THE 7,663 PARTICIPANTS, 7,663 COMPLETED THE ASSESSMENT. OF THOSE, 7,336 INDICATED KNOWLEDGE GAINED. AS A RESULT 96% ACHIEVED THE EXPECTED GOAL.

THE EDUCATION DEPARTMENT IS SEEING FEWER PARTICIPANTS FOR SIX TO EIGHT WEEK SESSIONS AS THE PROGRAM CONTINUES TO TRANSITION FROM A FOCUS OF

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,042,584.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			15
b	Enter the number of voting members that are independent		
1b			15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	M. LYNN BLANCO - (210) 521-7273	
	7500 US HWY 90W, STE 201, BLDG 2, SAN ANTONIO, TX 78227	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ASHLEY BARTH MEMBER	2.00	X						0.	0.	0.
ALLEN BLAIR MEMBER	2.00	X						0.	0.	0.
JON BLANKS MEMBER	2.00	X						0.	0.	0.
DEBORAH CALLAGHAN-SHEA MEMBER	2.00	X						0.	0.	0.
MONICA LERMA MEMBER	2.00	X						0.	0.	0.
SAMANTHA RODRIGUEZ MEMBER	2.00	X						0.	0.	0.
JENNIFER PEACE MEMBER	2.00	X						0.	0.	0.
JONATHAN OWENS MEMBER	2.00	X						0.	0.	0.
DARRYL BAKER MEMBER	2.00	X						0.	0.	0.
JAMES DOUGHTY MEMBER	2.00	X						0.	0.	0.
TRES DORAN MEMBER	2.00	X						0.	0.	0.
TAMARA BLACK MEMBER	2.00	X						0.	0.	0.
WILLIAM WEBER MEMBER	2.00	X						0.	0.	0.
LARRY HOBBS CHAIRMAN	2.00			X				0.	0.	0.
LUIS GARCIA VICE PRESIDENT	2.00			X				0.	0.	0.
JEFF COX CHAIR ELECT	2.00			X				0.	0.	0.
M. LYNN BLANCO PRESIDENT/CEO	40.00			X				75,120.	0.	5,502.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENIFFER RICHARDSON COO	40.00			X				66,166.	0.	932.
KATY PIER MOORE TREASURER	2.00			X				0.	0.	0.
AMANDA MCMANUS RUIZ SECRETARY	2.00			X				0.	0.	0.
1b Total								141,286.	0.	6,434.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns						
	1 b	Membership dues						
	1 c	Fundraising events						
	1 d	Related organizations						
	1 e	Government grants (contributions)	720,560.					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	583,096.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,303,656.				
Program Service Revenue	2 a	WORKSHOPS	Business Code 611710	6,692.	6,692.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		6,692.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		40.		40.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	53,375.				
			b	Less: direct expenses	23,317.			
c			Net income or (loss) from fundraising events	30,058.	30,058.			
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
11 a	MISCELLANEOUS	Business Code 900099		3,272.	3,272.			
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d		3,272.			
		12	Total revenue. See instructions.		1,343,718.	40,022.	0.	40.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,371.	10,371.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,286.	114,994.	18,780.	7,512.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	752,732.	635,087.	81,350.	36,295.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,323.	7,822.	1,044.	457.
9 Other employee benefits	60,269.	50,566.	6,750.	2,953.
10 Payroll taxes	70,681.	59,301.	7,916.	3,464.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,345.		9,345.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,433.	5,665.	3,462.	306.
12 Advertising and promotion	16,813.	16,527.	185.	101.
13 Office expenses	28,654.	22,532.	2,344.	3,778.
14 Information technology				
15 Royalties				
16 Occupancy	84,680.	71,047.	9,484.	4,149.
17 Travel	18,498.	17,018.	1,480.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,935.	1,935.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,995.	11,742.	1,567.	686.
23 Insurance	7,413.	1,012.	6,401.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TELEPHONE	15,668.	13,146.	1,755.	767.
b MISCELLANEOUS	6,458.	3,744.	2,671.	43.
c MEMBERSHIPS	375.	75.	300.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,257,929.	1,042,584.	154,834.	60,511.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	62,042.	1	60,211.
	2	Savings and temporary cash investments	76,015.	2	65,185.
	3	Pledges and grants receivable, net	119,273.	3	195,603.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,945.	9	15,489.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	154,691.		
	10b	Less: accumulated depreciation	111,911.		
			56,775.	10c	42,780.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	344,050.	16	379,268.	
Liabilities	17	Accounts payable and accrued expenses	10,914.	17	16,806.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	113,855.	25	57,392.
	26	Total liabilities. Add lines 17 through 25	124,769.	26	74,198.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	179,935.	27	154,157.
	28	Temporarily restricted net assets	39,346.	28	150,913.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	219,281.	33	305,070.
	34	Total liabilities and net assets/fund balances	344,050.	34	379,268.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

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

Name of the organization ALAMO AREA RAPE CRISIS CENTER	Employer identification number 74-2236387
--	---

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 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name 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?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1151141.	1348510.	1333357.	1079012.	1303656.	6215676.
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	1151141.	1348510.	1333357.	1079012.	1303656.	6215676.
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)						23,264.
6 Public support. Subtract line 5 from line 4.						6192412.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1151141.	1348510.	1333357.	1079012.	1303656.	6215676.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,013.			78.	40.	1,131.
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.)	27,327.	15,994.	15,278.	8,137.	3,272.	70,008.
11 Total support. Add lines 7 through 10						6286815.
12 Gross receipts from related activities, etc. (see instructions)					12	355,641.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.50 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.87 %
16a 33 1/3% support test - 2009. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 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						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number

74-2236387

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ALAMO AREA RAPE CRISIS CENTER

74-2236387

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF SAN ANTONIO 115 PLAZA DE ARMAS, STE 150 SAN ANTONIO, TX 78205	\$ 63,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OFFICE OF ATTORNEY GENERAL 300 WEST 15TH STREET AUSTIN, TX 78701	\$ 280,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	U.S. DEPARTMENT OF JUSTICE P.O. BOX 12428 AUSTIN, TX 78711	\$ 363,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY 700 S ALAMO SAN ANTONIO, TX 78205	\$ 284,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ANONYMOUS 500 US HWY 90 WEST, STE 201, BLDG 2 SAN ANTONIO, TX 78227	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE MEADOWS FOUNDATION 3002 SWISS AVENUE DALLAS, TX 75204	\$ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number

74-2236387

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		35,257.	12,873.	22,384.
d Equipment		119,434.	99,038.	20,396.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				42,780.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,343,718.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,257,929.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	85,789.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	85,789.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,367,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	23,317.
e	Add lines 2a through 2d	2e	23,317.
3	Subtract line 2e from line 1	3	1,343,718.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,343,718.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,281,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	23,317.
e	Add lines 2a through 2d	2e	23,317.
3	Subtract line 2e from line 1	3	1,257,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,257,929.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: 23317.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: 23317.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VAGINA MONOLOGUES (event type)	PARTNERS FOR CHANGE (event type)	NONE (total number)	
Revenue	1	6,980.	44,945.		51,925.
	2		42,305.		42,305.
	3	6,980.	2,640.		9,620.
Direct Expenses	4				
	5				
	6	170.	3,848.		4,018.
	7		10,957.		10,957.
	8		300.		300.
	9	5,106.	1,886.		6,992.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(22,267)
	11	Net income summary. Combine line 3, column (d), and line 10			-12,647.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? _____ b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
<p style="padding-left: 20px;">b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .</p> <p style="padding-left: 20px;">c If "Yes," enter name and address of the third party:</p> <p style="padding-left: 20px;">Name ▶ _____</p> <p style="padding-left: 20px;">Address ▶ _____</p>			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number

74-2236387

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONDUCT SEXUAL ASSAULT PREVENTION AND EDUCATION PROGRAMS TO YOUTH

THROUGHOUT SAN ANTONIO, BEXAR COUNTY AND SURROUNDING AREAS. GOALS

INCLUDE: (1) ASSURE THAT RAPE VICTIMS AND OTHER SURVIVORS OF SEXUAL

VIOLENCE RECEIVE PROPER AND EXPEDITIOUS MEDICAL CARE, SENSITIVE POLICE

RESPONSE, AND ENCOURAGE THE PURSUIT AND RIGOROUS PROSECUTION OF

PERPETRATORS; (2) STRENGTHEN COMMUNITY ATTITUDES ABOUT RAPE AND RAPE

VICTIMS, AND TO ENSURE SOCIETY BLAMES PERPETRATORS, NOT VICTIMS; AND,

(3) REDUCE SIGNIFICANTLY THE INCIDENCE AND TOLERANCE OF SEXUAL VIOLENCE

IN OUR COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SURVIVORS OF SEXUAL VIOLENCE RECEIVE PROPER AND EXPEDITIOUS MEDICAL

CARE, SENSITIVE POLICE RESPONSE, AND ENCOURAGE THE PURSUIT AND RIGOROUS

PROSECUTION OF PERPETRATORS; (2) STRENGTHEN COMMUNITY ATTITUDES ABOUT

RAPE AND RAPE VICTIMS, AND TO ENSURE SOCIETY BLAMES PERPETRATORS, NOT

VICTIMS; AND, (3) REDUCE SIGNIFICANTLY THE INCIDENCE AND TOLERANCE OF

SEXUAL VIOLENCE IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THERAPY) FOR VICTIMS AND THEIR LOVED ONES; CASE MANAGEMENT SERVICES;

EMERGENCY SERVICES (TRANSPORTATION, TRANSLATION SERVICES AND CLOTHING

FOR VICTIMS FOLLOWING A RAPE EXAM); COMMUNITY EDUCATION IN THE AREA OF

RISK REDUCTION AND PRIMARY PREVENTION; AND HOSPITAL AND COURT ADVOCACY

AND ACCOMPANIMENT FOR VICTIMS.

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CLIENT SERVICES:

THE COUNSELING PROGRAM OFFERED COUNSELING SERVICES TO 1,138 DURING THE 2009-2010 FISCAL YEAR. OF THE 1,138 CLIENTS SEEN, 832 QUALIFIED FOR AN ASSESSMENT; I.E., THEY ATTENDED THE REQUIRED NUMBER OF SESSIONS NEEDED TO DETERMINE IF SIGNIFICANT CHANGE HAD OCCURRED. OF THOSE, 744 DEMONSTRATED AN IMPROVED SCORE. AS A RESULT, 89% DEMONSTRATED A POSITIVE OUTCOME.

WHILE 7,488 INDIVIDUALS CONTACTED THE HOTLINE; 5,911 WERE VIA TELEPHONE AND 1,577 WERE VIA THE INTERNET AS ONLINE CHATTERS. THE TELEPHONE CALLERS, 5,911, WERE THE ONLY ONES ASSESSED FOR AN OUTCOME. THE RCC IS CURRENTLY UNABLE TO PROVIDE AN ASSESSMENT TO THOSE WHO ARE CONTACTING THE HOTLINE VIA THE INTERNET. THEREFORE, 5,878 INDIVIDUALS WERE ASSESSED, AND OF THOSE 5,827 REPORTED A POSITIVE CHANGE. AS A RESULT, 99% DEMONSTRATED A POSITIVE OUTCOME. ADDITIONALLY, IN SERVING IN THE ROLE OF LEAD SUPERVISOR OF THE NATIONAL ONLINE HOTLINE, THE RCC SUPERVISED APPROXIMATELY 90% OF THE 21,529 CHATS, WHICH REPRESENTS A SLIGHT DECREASE FROM THE PRIOR YEAR.

CRISIS INTERVENTION SERVICES ALSO INCLUDE MEDICAL ACCOMPANIMENT. CRISIS INTERVENTION SPECIALISTS ARE DISPATCHED TO TWO PARTICIPATING HOSPITALS TO PROVIDE ACCOMPANIMENT SERVICES TO SEXUAL ASSAULT SURVIVORS WHO ARE RECEIVING SEXUAL ASSAULT FORENSIC EXAMS. DURING THE 2009-2010 FISCAL YEAR, THE CENTER PROVIDED HOSPITAL ACCOMPANIMENT SERVICES TO 971 CLIENTS, OF WHICH 49% AGREED TO BE CONTACTED FOR A FOLLOW-UP CALL AND ASSESSMENT. OF THOSE CONTACTED, 99% DEMONSTRATED A POSITIVE OUTCOME.

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02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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TREND ANALYSIS:

THE CENTER OFFERED COUNSELING SERVICES TO 20% MORE COUNSELING CLIENTS THAN THE PRIOR FISCAL YEAR. THE VARIANCE BETWEEN THE PROJECTION AND ACTUAL NUMBER OF CLIENTS SERVED WAS ONE OF THE LARGEST IN THE CENTER'S RECENT HISTORY. AT THIS POINT, HOWEVER, STAFF IS UNSURE IF THIS INCREASE CAN BE ATTRIBUTED TO A TREND OR IF IT IS AN ANOMALY. YET, THERE ARE SEVERAL POSSIBLE REASONS THIS COULD HAVE OCCURRED, INCLUDING THE FOLLOWING. THE SAN ANTONIO POLICE DEPARTMENT RECENTLY REPORTED A 48% INCREASE IN REPORTS OF RAPE, BASED ON UNIFORM CRIME REPORT DATA, FROM 2008 TO 2009. THROUGH OTHER FUNDING SOURCES, THE CENTER PROVIDES CRISIS INTERVENTION SPECIALISTS WHO PROVIDE MEDICAL ACCOMPANIMENT SERVICES WHEN A SURVIVOR REPORTS TO THE HOSPITAL FOR THE EVIDENCE COLLECTION PROCESS. THIS SERVICE INCLUDES PROVIDING INFORMATION ABOUT AVAILABLE COUNSELING SERVICES.

ADDITIONALLY, CLIENTS OFTEN ARE ACCOMPANIED BY FRIENDS, FAMILY, LOVED ONES, OR PARTNERS WHO, FOLLOWING THE ASSAULT/ABUSE OF THEIR LOVED ONE, ALSO EXPERIENCE SECONDARY TRAUMA. SECONDARY TRAUMA IS THE PHENOMENON THAT OCCURS WHEN SOMEONE CLOSELY ASSOCIATED WITH THE RAPE VICTIM BEGINS TO FEEL SIMILAR SYMPTOMS ASSOCIATED WITH POST-TRAUMATIC STRESS DISORDER AS A RESULT OF THE RAPE OF THEIR LOVED ONE. THEREFORE, IT IS CRUCIAL TO OFFER SERVICES TO BOTH VICTIMS AND THEIR FAMILIES. THE MAJORITY OF THE CENTER'S THERAPISTS ARE TRAINED TO PROVIDE COUNSELING FROM A SYSTEMIC APPROACH. AS A RESULT, FAMILIES AND FRIENDS OF CLIENTS ARE ENCOURAGED TO ATTEND SESSIONS AS SECONDARY VICTIMS IN AN EFFORT TO

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FOCUS ON THE FAMILY AS A SYSTEM AS PART OF THE RECOVERY PROCESS.

ECONOMIC INDICATORS COULD ALSO BE IMPACTING THE INCREASE IN THE NUMBER

OF CLIENTS SEEN THIS YEAR. CLIENTS WHO MAY HAVE UTILIZED AN EMPLOYEE

ASSISTANCE PROGRAM AND/OR INSURANCE TO SEE A CLINICIAN IN PRIVATE

PRACTICE, IF LAID OFF, MAY NO LONGER HAVE ACCESS TO THIS BENEFIT.

THEREFORE, THEY SEEK OUT COMMUNITY BASED SERVICES TO DEAL WITH THE

TRAUMA ASSOCIATED WITH SEXUAL VIOLENCE.

ON A NATIONAL LEVEL, THE MILITARY IS REPORTING AN 11% INCREASE IN

REPORTS OF SEXUAL VIOLENCE. AS SAN ANTONIO HAS A LARGE MILITARY

COMMUNITY AND THE CENTER HAS A SOLID WORKING RELATIONSHIP WITH THE

MILITARY'S RESPECTIVE SEXUAL ASSAULT PROGRAMS, REFERRALS HAVE

INCREASED. FOR EXAMPLE, CHAPLAINS ARE OFTEN LIMITED TO SIX SESSIONS

PER CLIENT; THEREFORE, THEY MAY REFER CLIENTS TO THE CENTER TO CONTINUE

COUNSELING FOR LONGER PERIODS OF TIME.

THE CENTER HAS CONTINUED AND EXPANDED COLLABORATIVE EFFORTS TO REACH

SPECIFIC POPULATIONS AS MENTIONED IN LAST YEAR'S REPORT. THIS INCLUDES

PROVIDING INTAKE AND COUNSELING SERVICES IN CONJUNCTION WITH OTHER

NONPROFITS SUCH AS, THE BEXAR COUNTY FAMILY JUSTICE CENTER (FJC) WHICH

PROVIDES SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE. ACCORDING TO THEIR

STATISTICS, ABOUT 80% OF DOMESTIC VIOLENCE VICTIMS ARE ALSO VICTIMS OF

SEXUAL ASSAULT AND THE RCC ACCEPTS REFERRALS FOR COUNSELING SERVICES.

ALPHA HOME (A SUBSTANCE ABUSE TREATMENT FACILITY FOR WOMEN) THAT WORKS

COLLABORATIVELY WITH THE RCC BY PROVIDING OFFICE SPACE TO OFFER ON-SITE

TRAUMA COUNSELING SERVICES FOR CLIENTS WHO ARE ALSO VICTIMS OF SEXUAL

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ABUSE/ASSAULT. THE CENTER WAS ALSO FORTUNATE TO RECEIVE A MULTI-YEAR GRANT FROM AN ANONYMOUS FOUNDATION TO PROVIDE A COUNSELOR AT HAVEN FOR HOPE (A TRANSFORMATIONAL CAMPUS THAT WILL OFFER THE HOMELESS POPULATION A WIDE RANGE OF ASSISTANCE) TO OFFER ON-SITE COUNSELING SERVICES FOR THEIR CLIENTS WHO ARE SEXUAL ASSAULT SURVIVORS AND OTHER CLIENTS WHO MAY RESIDE IN THE AREA AND SEEK COUNSELING SERVICES AT THAT LOCATION. EXTENSIVE WORK WITH CATHOLIC CHARITIES TO OFFER COMPREHENSIVE SERVICES FOR SURVIVORS WHO HAVE BEEN VICTIMS OF INTERNATIONAL HUMAN TRAFFICKING INCLUDING ASSESSMENTS AND COUNSELING SERVICES IS ALSO CONTINUING. DURING THE PAST FISCAL YEAR, THE ANTI-TRAFFICKING PROGRAM PROVIDED SIX VICTIMS OF HUMAN TRAFFICKING WITH ACCESS TO COMPLEX TRAUMA COUNSELING THROUGH CATHOLIC CHARITIES COUNSELING CENTER AND THE RAPE CRISIS CENTER.

FINALLY, THE COMMUNITY MENTAL HEALTH JOURNAL (VOL. 27, NO. 2, APRIL 1991) DISCUSSES THE EFFECTIVENESS OF CASE MANAGEMENT AND CONCLUDES THAT CLIENTS WHO RECEIVE THE SERVICE, REPORT THEIR QUALITY OF LIFE WAS IMPROVED, THEY HAVE ACCESS TO MORE SERVICES, AND FEWER UNMET NEEDS. THE CENTER ADDED BOTH A FULL- AND A PART-TIME CASE MANAGER POSITION TO THE CLIENT SERVICES DEPARTMENT DURING THE PAST TWO FISCAL YEARS. CASE MANAGEMENT SERVICES MAY INCLUDE OFFERING SOCIAL SERVICE SUPPORT INCLUDING INFORMATION AND REFERRALS TO LOCAL AREA NONPROFIT AGENCIES FOR SUCH SERVICES AS EMERGENCY SHELTER, FOOD, CLOTHING, JOB ASSISTANCE, AND OTHER HUMAN SERVICES, INCLUDING REFERRING CLIENTS TO THE CENTER'S COUNSELING SERVICES.

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RISK REDUCTION TO PRIMARY PREVENTION. A PRIMARY PREVENTION PLAN WAS DEVELOPED AND SUBMITTED TO THE OFFICE OF THE ATTORNEY GENERAL (PRINCIPAL FUNDER FOR THE PROGRAM) FOR REVIEW. THE PLAN WAS APPROVED AND IMPLEMENTATION WILL BEGIN SEPTEMBER 1, 2010. IMPLEMENTATION WILL INCLUDE DEVELOPING CURRICULA BASED ON THE 40 DEVELOPMENTAL ASSETS FRAMEWORK, WHICH FOCUSES ON ENCOURAGING YOUTH TO USE THEIR POWER AS ASSET BUILDERS AND CHANGE AGENTS. EDUCATION SESSIONS AND ACTIVITIES WILL GUIDE YOUTH TO AN UNDERSTANDING OF HOW THE DIFFERENT FORMS OF OPPRESSION AND SOCIAL INJUSTICE THEY FACE EVERY DAY ARE CONNECTED TO SEXUAL VIOLENCE. THE PROGRAM ALSO ENGAGES ADULTS WHO HAVE INFLUENCE OR REGULAR CONTACT WITH YOUTH TO DEVELOP SUSTAINED, STRENGTH-BUILDING RELATIONSHIPS WITH THEM IN SCHOOLS, IN HOMES, AND IN COMMUNITIES. FINALLY, THE PROGRAM WILL MOTIVATE COMMUNITY GROUPS AND OTHER COMMUNITY ORGANIZATIONS TO BUILD AND/OR CREATE AN ASSET-RICH CULTURE THAT CONTRIBUTES FULLY TO THE HEALTHY DEVELOPMENT OF YOUTH. THIS INVOLVES COMMUNITY MOBILIZATION AND COALITION BUILDING THAT BRINGS TOGETHER DIFFERENT ORGANIZATIONS TO SHARE THEIR MISSIONS, RESOURCES, AND PROGRAMS IN ORDER TO FOCUS ON IMPROVING THE ENVIRONMENT IN WHICH YOUNG PEOPLE LIVE.

STAFF ALSO CONDUCTS OUTREACH/VOLUNTEER RECRUITMENT ACTIVITIES TO ENSURE THE COMMUNITY IS AWARE OF AVAILABLE SERVICES AND HOW TO BECOME INVOLVED WITH THE MISSION OF THE ORGANIZATION. THESE ACTIVITIES INCLUDE EDUCATION SESSIONS INFORMING THE COMMUNITY ABOUT SEXUAL VIOLENCE AND THE SERVICES AVAILABLE AND PARTICIPATING IN VOLUNTEER/HEALTH FAIRS TO

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Name of the organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number

74-2236387

RECRUIT VOLUNTEERS. DURING THE PRIOR FISCAL YEAR STAFF CONDUCTED
ELEVEN OUTREACH PRESENTATIONS FOR 633 PARTICIPANTS AND SEVEN VOLUNTEER
TRAININGS TO FOR INDIVIDUALS INTERESTED IN PROVIDING DIRECT CLIENTS
SERVICES.

FORM 990, PART VI, SECTION B, LINE 11: IF THE FORM 990 IS TO BE FILED
AFTER A REGULARLY SCHEDULED BOARD MEETING, THE FORM 990 IS PRESENTED TO THE
BOARD BEFORE IT IS FILED. IF THE FORM 990 MUST BE FILED PRIOR TO A
REGULARLY SCHEDULED BOARD MEETING, THE FORM 990 IS PROVIDED TO THE
EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. THE FORM 990 IS THEN
PRESENTED TO THE ENTIRE BOARD AT ITS NEXT REGULAR BOARD MEETING FOR
RATIFICATION.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD REVIEWS THE
POLICY, SELF-MONITORS ITS MEMBERS, AND COMPLIES WITH SIGNING THE CONFLICT
OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY WERLING & ASSOCIATES, AN
INDEPENDENT FOR-PROFIT ORGANIZATION IN BEXAR COUNTY, UNDERTAKES A SALARY
SURVEY OF NONPROFIT ORGANIZATIONS. THE RAPE CRISIS CENTER PARTICIPATES AND
PROVIDES ITS OWN WAGE AND BENEFIT INFORMATION TO BE INCLUDED IN THE SURVEY
DATA. THERE IS A PUBLISHED BOOK OF LIKE POSITIONS, BRIEF JOB DESCRIPTIONS
AND STEP INCREASES. THE MANAGEMENT TEAM REVIEWS THE DOCUMENT PRIOR TO
SUBMITTING THE PROPOSED BUDGET TO THE BOARD FOR APPROVAL. THE TEAM
DETERMINES IF A SALARY INCREASE MAY BE GIVEN BASED ON FUNDING AVAILABLE.

IF AVAILABLE, THE SALARY AND BENEFIT SURVEY IS USED TO DETERMINE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number
74-2236387

LIKE-WAGES/BENEFITS IN OUR COMMUNITY. AT THE TIME OF REVIEW FOR THE BOARD,
THIS MATERIAL IS ALSO GIVEN TO THE BOARD FOR REVIEW.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORMS
1023 & 990 AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE, GUIDESTAR'S
WEBSITE, AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND
WILL SOON BE AVAILABLE AT THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C:
THE PROCESS OF SELECTING THE INDEPENDENT ACCOUNTANT AND OVERSEEING THE
AUDIT DID NOT CHANGE FROM THE PRIOR YEAR.