

FOR TAX YEAR 2011  
ALAMO AREA RAPE CRISIS CENTER

SCHRIVER CARMONA & CARRERA PLLC  
5805 CALLAGHAN RD STE 301  
San Antonio, TX 78228  
(210)680-0350

November 06, 2012

Alamo Area Rape Crisis Center  
c/o Rape Crisis Center  
7500 Us Hwy 90 W Ste 201 Bldg 2  
San Antonio, TX 78227

Alamo Area Rape Crisis Center:

Enclosed is the 2011 federal return for a tax-exempt organization, prepared for Alamo Area Rape Crisis Center from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (210)680-0350.

Sincerely,

Derek Schriver  
SCHRIVER CARMONA & CARRERA PLLC

Federal Filing Instructions

2011

Name(s) as shown on return

ALAMO AREA RAPE CRISIS CENTER

Your Social Security Number

74-2236387

Date to file by: 11-15-2012

Form to be filed: Form 990 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 990 on page 1.

Address to file: Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other Instructions: If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.

November 06, 2012

Alamo Area Rape Crisis Center  
7500 Us Hwy 90 W Ste 201 Bldg 2  
San Antonio, TX 78227

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- \* Information we receive from interviews regarding your tax situation;
- \* Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- \* Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Derek Schriver  
SCHRIVER CARMONA & CARRERA PLLC

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)

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section containing organization details: A For the 2011 calendar year, B Check if applicable, C Name of organization (ALAMO AREA RAPE CRISIS CENTER), D Employer identification no. (74-2236387), E Telephone number ((210)521-7273), F Name and address of principal officer, G Gross receipts (\$), H(a) Is this a group return for affiliates?, H(b) Are all affiliates included?, H(c) Group exemption number, I Tax-exempt status, J Website (WWW.RAPECRISIS.COM), K Form of organization (Corporation), L Year of formation (1982), M State of legal domicile (TX).

Part I Summary

Summary table with columns for Revenue and Expenses. Rows include: 1 Mission statement (TO PROVIDE COMPREHENSIVE SERVICES FOR VICTIMS OF SEXUAL ASSAULT...), 2-7a Financial metrics (voting members, employees, volunteers, revenue), 7b Net unrelated business taxable income, 8-12 Revenue breakdown (contributions, program service, investment, other), 13-19 Expense breakdown (grants, salaries, fundraising, other), 20-22 Net assets and fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section with fields for Sign Here (MONICA J. LERMA, Signature of officer), Date, and Type or print name and title (MONICA J. LERMA, CHAIRMAN).

Paid Preparer Use Only section with fields for Print/Type preparer's name (DEREK SCHRIVER), Preparer's signature, Date (11-06-2012), Check self-employed (checked), PTIN (P00958022), Firm's name (SCHRIVER CARMONA & CARRERA PLLC), Firm's address (5805 CALLAGHAN RD STE 301 San Antonio TX 78228), and Firm's EIN (210-680-0350).

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [ ]

1 Briefly describe the organization's mission: TO PROVIDE COMPREHENSIVE SERVICES FOR 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.

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 organization's program service accomplishments for each of its three largest program services, as measured 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.

4a (Code: ) (Expenses \$ 872,738 including grants of \$ ) (Revenue \$ 8,857 ) See SERVICES page for a description of this program service.

4b (Code: ) (Expenses \$ 298,017 including grants of \$ ) (Revenue \$ 48,455 ) See SERVICES page for a description of this program service.

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 1,170,755

**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)? If "Yes," complete Schedule A .....   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .....   | X   |    |
| 3   | 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 .....  |     | X  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....  |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....   |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II .....  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....   |     | 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? If "Yes," complete Schedule D, Part IV .....   |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .....  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....   | X   |    |
| b   | 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? If "Yes," complete Schedule D, Part VII .....   |     | X  |
| c   | 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? If "Yes," complete Schedule D, Part VIII .....   |     | X  |
| d   | 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? If "Yes," complete Schedule D, Part IX .....  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....   | X   |    |
| f   | 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 (ASC 740)? If "Yes," complete Schedule D, Part X .....  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII .....   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .....  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? .....   |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ..... |     | 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? If "Yes," complete Schedule F, Parts II and IV .....   |     | 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? If "Yes," complete Schedule F, Parts III and IV .....   |     | 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? If "Yes," complete Schedule G, Part I (see instructions) .....   |     | 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? If "Yes," complete Schedule G, Part II .....  | X   |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? .....  |     |    |

**Part IV** Checklist of Required Schedules (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 (or a family member thereof) 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  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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? Note. All Form 990 filers are required to complete Schedule O .....   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Contains questions 1a through 14b regarding tax compliance.

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.

Check if Schedule O contains a response to any question in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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 during the tax year.
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 90 W STE 201 BLDG 2 SAN ANTONIO, TX 78227

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

Check if Schedule O contains a response to any question in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                    | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                           |               |                       |                                     |             |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|---------------------------|---------------|-----------------------|-------------------------------------|-------------|--------|--|---|---|
|  |  | I n d i v i d u a l  | I n s t i t u t i o n a l | O f f i c e r | K e y E m p l o y e e | H i g h e s t C o m p e n s a t e d | F o r m e r |        |  |   |   |
| (1) CARRIE LEZA<br>MEMBER                | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (2) DAVID S LEVEY<br>MEMBER              | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (3) DELICIA HERRERA<br>MEMBER            | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (4) JASON WATSON<br>MEMBER               | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (5) JILETTA KUBENA<br>MEMBER             | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (6) JONATHAN OWENS<br>MEMBER             | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (7) LARRY HOBBS<br>MEMBER                | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (8) RENEE F MCELHANEY<br>MEMBER          | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (9) WILLIAM WEBER<br>MEMBER              | 2.00   | X  |                           |               |                       |                                     |             | 0      | 0  | 0   |   |
| (10) DEBORAH CALLAGHAN-SHEA<br>SECRETARY | 2.00   |  |                           | X             |                       |                                     |             | 0      | 0  | 0   |   |
| (11) JAMES DOUGHTY<br>CHAIR ELECT        | 2.00   |  |                           | X             |                       |                                     |             | 0      | 0  | 0   |   |
| (12) JEFF H COX<br>PAST CHAIRMAN         | 2.00   |  |                           | X             |                       |                                     |             | 0      | 0  | 0   |   |
| (13) JENNIFER RICHARDSON<br>COO          | 40.00  |  |                           | X             |                       |                                     |             | 72,534 | 0  | 0   |   |
| (14) M LYNN BLANCO<br>PRESIDENT/CEO      | 40.00  |  |                           | X             |                       |                                     |             | 84,862 | 0  | 0   |   |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and director/trustee) |                 |               |               |                       |                                     |             | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------|---------------|---------------|-----------------------|-------------------------------------|-------------|--|---|---|
|   |  | I n d i r e c t o r   | D i r e c t o r | T r u s t e e | O f f i c e r | K e y e m p l o y e e | H i g h e s t c o m p e n s a t e d | F o r m e r |  |   |   |
| (15) MIRIAM ELIZONDO<br>EXECUTIVE VP CLIENT SERVICES  | 2.00   |   |                 |               | X             |                       |                                     |             | 0  | 0   | 0   |
| (16) MONICA J LERMA<br>CHAIRMAN   | 2.00   |   |                 |               | X             |                       |                                     |             | 0  | 0   | 0   |
| (17) PREEYA PANKETH<br>VICE CHAIRMAN  | 2.00   |   |                 |               | X             |                       |                                     |             | 0  | 0   | 0   |
| (18) TRES DORAN<br>TREASURER  | 2.00   |   |                 |               | X             |                       |                                     |             | 0  | 0   | 0   |
| (19)  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| (20)  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| (21)  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| (22)  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| (23)  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| (24)  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| (25)  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| 1b Sub-total  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| c Total from continuation sheets to Part VII, Section A   |  |   |                 |               |               |                       |                                     |             |  |   |   |
| d Total (add lines 1b and 1c)   |  |   |                 |               |               |                       |                                     |             | 157,396  | 0   | 0   |
| 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   | 3   | 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 | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

| 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 | 1a   | Federated campaigns .....  | 1a   |               |                                    |                            |   |  |
|  | b  | Membership dues .....  | 1b   |               |                                    |                            |   |  |
|  | c  | Fundraising events .....   | 1c   |               |                                    |                            |   |  |
|  | d  | Related organizations .....  | 1d   |               |                                    |                            |   |  |
|  | e  | Government grants (contributions) ..   | 1e   | 778,942       |                                    |                            |   |  |
|  | f  | All other contributions, gifts, grants, and similar amounts not included above     | 1f   | 513,384       |                                    |                            |   |  |
|  | g  | Noncash contributions included in lines 1a-1f: \$                                  |  |               |                                    |                            |   |  |
|  | h  | Total. Add lines 1a-1f .....   |  | 1,292,326     |                                    |                            |   |  |
| Program Service Revenue                                | 2a   | WORKSHOPS  | Business Code                                      |               |                                    |                            |   |  |
|  |  |  | 611710   | 4,545         | 4,545                              |                            |   |  |
|  | b  |  |  |               |                                    |                            |   |  |
|  | c  |  |  |               |                                    |                            |   |  |
|  | d  |  |  |               |                                    |                            |   |  |
|  | e  |  |  |               |                                    |                            |   |  |
|  | f  | All other program service revenue .....  |  |               |                                    |                            |   |  |
| g  | Total. Add lines 2a-2f .....   |  | 4,545  |               |                                    |                            |   |  |
| Other Revenue  | 3  | Investment income (including dividends, interest, and other similar amounts) ..... |  | 12            |                                    |                            | 12  |  |
|  | 4  | Income from investment of tax-exempt bond proceeds ...                             |  |               |                                    |                            |   |  |
|  | 5  | Royalties .....  |  |               |                                    |                            |   |  |
|  | 6a   | Gross rents .....  | (i) Real   | (ii) Personal |                                    |                            |   |  |
|  |  |  |  |               |                                    |                            |   |  |
|  |  |  |  |               |                                    |                            |   |  |
|  |  |  |  |               |                                    |                            |   |  |
|  | b  | Less: rental expenses ....   |  |               |                                    |                            |   |  |
|  | c  | Rental income or (loss) ...  |  |               |                                    |                            |   |  |
|  | d  | Net rental income or (loss) .....  |  |               |                                    |                            |   |  |
|  | 7a   | 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) .....   |  |  |               |                                    |                            |   |  |
| 8a   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | a  | 54,635   |               |                                    |                            |   |  |
|  |  | b  | Less: direct expenses .....                        | b             | 42,802                             |                            |   |  |
|  |  | c  | Net income or (loss) from fundraising events ..... |               | 11,833                             |                            | 11,833  |  |
| 9a   | Gross income from gaming activities. See Part IV, line 19 .....  | a  |  |               |                                    |                            |   |  |
|  |  | b  | Less: direct expenses .....                        | b             |                                    |                            |   |  |
|  |  | c  | Net income or (loss) from gaming activities .....  |               |                                    |                            |   |  |
| 10a  | Gross sales of inventory, less returns and allowances .....  | a  |  |               |                                    |                            |   |  |
|  |  | b  | Less: cost of goods sold .....                     | b             |                                    |                            |   |  |
|  |  | c  | Net income or (loss) from sales of inventory ..... |               |                                    |                            |   |  |
| Miscellaneous Revenue                                  |  | Business Code  |  |               |                                    |                            |   |  |
| 11a  | MISCELLANEOUS  | 900099   | 54,935   | 54,935        |                                    |                            |   |  |
| b  |  |  |  |               |                                    |                            |   |  |
| c  |  |  |  |               |                                    |                            |   |  |
| d  | All other revenue .....  |  |  |               |                                    |                            |   |  |
| e  | Total. Add lines 11a-11d .....   |  | 54,935   |               |                                    |                            |   |  |
| 12   | Total revenue. See instructions .....  |  | 1,363,651  | 59,480        | 0                                  | 11,845                     |   |  |

**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).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   | 9,528                 | 9,528                           |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 153,202               | 22,981                          | 114,901                                | 15,320                      |
| 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  | 922,834               | 837,671                         | 60,856                                 | 24,307                      |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 12,653                | 8,559                           | 3,612                                  | 482                         |
| 9 Other employee benefits   | 61,665                | 57,637                          | 3,244                                  | 784                         |
| 10 Payroll taxes  | 76,547                | 62,340                          | 12,061                                 | 2,146                       |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 11,632                |                                 | 11,632                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  | 9,458                 | 9,458                           |  |                             |
| 13 Office expenses  | 48,095                | 38,340                          | 8,828                                  | 927                         |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 90,352                | 74,721                          | 13,101                                 | 2,530                       |
| 17 Travel   | 8,682                 | 7,405                           | 1,036                                  | 241                         |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 2,622                 | 1,822                           | 800                                    |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 8,584                 |                                 | 8,584                                  |                             |
| 23 Insurance  | 11,592                | 11,592                          |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a TELEPHONE   | 17,279                | 16,563                          | 603                                    | 113                         |
| b MISCELLANEOUS   | 11,672                | 11,192                          | 480                                    |                             |
| c MEMBERSHIPS   | 1,150                 | 946                             | 204                                    |                             |
| d BAD DEBT  | 3,376                 |                                 | 3,376                                  |                             |
| e All other expenses  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 1,460,923             | 1,170,755                       | 243,318                                | 46,850                      |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X** Balance Sheet

|  |   | (A)   |         | (B)         |          |
|--|---|---|---------|-------------|----------|
|  |   | Beginning of year   |         | End of year |          |
| A<br>S<br>S<br>E<br>T<br>S   | 1   | Cash - non-interest-bearing .....   | 9,246   | 1           | 12,543   |
|  | 2   | Savings and temporary cash investments .....  | 7,859   | 2           | 1,417    |
|  | 3   | Pledges and grants receivable, net .....  | 159,904 | 3           | 178,942  |
|  | 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |         | 6           |          |
|  | 7   | Notes and loans receivable, net .....   |         | 7           |          |
|  | 8   | Inventories for sale or use .....   |         | 8           |          |
|  | 9   | Prepaid expenses and deferred charges .....   | 11,202  | 9           | 11,539   |
|  | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ....  | 10a     | 147,911     |          |
|  | b   | Less: accumulated depreciation .....  | 10b     | 124,699     | 32,552   |
|  | 10c   |   |         |             | 23,212   |
|  | 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) .....   | 220,763   | 16      | 227,653     |          |
| L<br>I<br>A<br>B<br>I<br>L<br>I<br>T<br>I<br>E<br>S                          | 17  | Accounts payable and accrued expenses .....   | 23,043  | 17          | 32,406   |
|  | 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          | 80,934   |
|  | 24  | Unsecured notes and loans payable to unrelated third parties .....  |         | 24          |          |
|  | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....   | 27,687  | 25          | 41,552   |
|  | 26  | Total liabilities. Add lines 17 through 25 .....  | 50,730  | 26          | 154,892  |
| N<br>F<br>U<br>N<br>D<br>A<br>S<br>S<br>E<br>T<br>S<br>O<br>F<br>O<br>R<br>S | 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 .....   | 69,070  | 27          | (62,520) |
|  | 28  | Temporarily restricted net assets .....   | 100,963 | 28          | 135,281  |
|  | 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 .....   | 170,033   | 33      | 72,761      |          |
| 34   | Total liabilities and net assets/fund balances .....  | 220,763   | 34      | 227,653     |          |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |           |
|---|--|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 1,363,651 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 1,460,923 |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | (97,272)  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 170,033   |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0         |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 72,761    |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  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?

b Were the organization's financial statements audited by an independent accountant?

c 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?   
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 separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  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?

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

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
|    |     |    |
| 3a | X   |    |
| 3b | X   |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

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?
  - (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? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (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 |                         |
| (A)                                |          |  |   |    |  |    |   |    |                         |
| (B)                                |          |  |   |    |  |    |   |    |                         |
| (C)                                |          |  |   |    |  |    |   |    |                         |
| (D)                                |          |  |   |    |  |    |   |    |                         |
| (E)                                |          |  |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |  |   |    |  |    |   |    |                         |

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 1,333,357 | 1,079,012 | 1,303,656 | 1,343,793 | 1,292,326 | 6,352,144 |
| 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 . . . . .  | 1,333,357 | 1,079,012 | 1,303,656 | 1,343,793 | 1,292,326 | 6,352,144 |
| 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) . . . . . |           |           |           |           |           | 156,557   |
| 6 Public support. Subtract line 5 from line 4 . . . . .   |           |           |           |           |           | 6,195,587 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total                |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 . . . . .  | 1,333,357 | 1,079,012 | 1,303,656 | 1,343,793 | 1,292,326 | 6,352,144                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |           | 78        | 40        | 41        | 12        | 171                      |
| 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.) . . . . .   | 15,278    | 8,137     | 3,272     | 29,297    | 54,935    | 110,919                  |
| 11 Total support. Add lines 7 through 10 . . . . .   |           |           |           |           |           | 6,463,234                |
| 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 . . . . . |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |       |   |                                     |
|--|----|-------|---|-------------------------------------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14 | 95.86 | % |                                     |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .  | 15 | 98.59 | % |                                     |
| 16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 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; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2011. 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 - 2010. 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2011

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

Name of the organization

Employer identification number

ALAMO AREA RAPE CRISIS CENTER

74-2236387

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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, total 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 total 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 Part I, 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),

Name of organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number

74-2236387

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | UNITED WAY OF SAN ANTONIO AND BEXAR<br>COUNTY<br>700 S ALAMO<br><br>SAN ANTONIO, TX 78205 | \$ 285,822                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| —          | _____<br>_____<br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br>_____<br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br>_____<br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br>_____<br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br>_____<br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

2011

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (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 .....   |                                      | 35,256                          | 19,468                       | 15,788         |
| d Equipment .....  |                                      | 112,655                         | 105,231                      | 7,424          |
| e Other .....  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | <b>23,212</b>  |

**Part VII** Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| (I) _____   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                |  |

**Part VIII** Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type                                   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| (10)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX** Other Assets. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X** Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                      | (b) Book value |  |
|--|----------------|--|
| (1) Federal income taxes   |                |  |
| (2) ACCRUED VACATION   | 40,592         |  |
| (3) ACCRUED WAGES  | 240            |  |
| (4) OTHER  | 720            |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| (10)   |                |  |
| (11)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |  |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**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  | 1,363,651 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 1,460,923 |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | (97,272)  |
| 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  |           |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | (97,272)  |

**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  | 1,363,651 |
| 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 |           |
| e | Add lines 2a through 2d   | 2e |           |
| 3 | Subtract line 2e from line 1  | 3  | 1,363,651 |
| 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 |           |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 1,363,651 |

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

|   |  |    |           |
|---|--|----|-----------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 1,460,923 |
| 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 |           |
| e | Add lines 2a through 2d  | 2e |           |
| 3 | Subtract line 2e from line 1   | 3  | 1,460,923 |
| 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 |           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 1,460,923 |

**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.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |    | (a) Event #1  | (b) Event #2          | (c) Other events    | (d) Total events              |            |
|--|----|---|-----------------------|---------------------|-------------------------------|------------|
|  |    | 5K RUN/WALK<br>(event type)                                       | V-DAY<br>(event type) | 2<br>(total number) | Add col. (a) through col. (c) |            |
| R<br>e<br>v<br>e<br>n<br>u<br>e  | 1  | Gross receipts .....  | 32,364                | 9,296               | 12,975                        | 54,635     |
|  | 2  | Less: Charitable contributions .....                              |                       |                     |                               |            |
|  | 3  | Gross income (line 1 minus line 2) .....                          | 32,364                | 9,296               | 12,975                        | 54,635     |
| D<br>i<br>r<br>e<br>c<br>t<br><br>E<br>x<br>p<br>e<br>n<br>s<br>e<br>s | 4  | Cash prizes .....   |                       |                     |                               |            |
|  | 5  | Noncash prizes .....  |                       |                     |                               |            |
|  | 6  | Rent/facility costs .....   |                       |                     |                               |            |
|  | 7  | Food and beverages .....  |                       |                     |                               |            |
|  | 8  | Entertainment .....   |                       |                     |                               |            |
|  | 9  | Other direct expenses .....                                       | 10,019                | 5,993               | 26,790                        | 42,802     |
|  | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ..... |                       |                     |                               | ( 42,802 ) |
|  | 11 | Net income summary. Combine line 3, column (d), and line 10 ..... |                       |                     |                               | 11,833     |

**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))                    |
|--|---|---|---|---|---|
|  |   |   |   |   |   |
| R<br>e<br>v<br>e<br>n<br>u<br>e  | 1 | Gross revenue .....   |   |   |   |
| D<br>i<br>r<br>e<br>c<br>t<br><br>E<br>x<br>p<br>e<br>n<br>s<br>e<br>s | 2 | Cash prizes .....   |   |   |   |
|  | 3 | Noncash prizes .....  |   |   |   |
|  | 4 | Rent/facility costs .....   |   |   |   |
|  | 5 | Other direct expenses .....   |   |   |   |
|  | 6 | Volunteer labor .....   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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 ..... |   |   |   |

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? .....  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2011**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

Name of the organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number

74-2236387

**Part I** General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

| 1    | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  |  |         |                               |                          |                                   |   |  |                                    |
| (2)  |  |         |                               |                          |                                   |   |  |                                    |
| (3)  |  |         |                               |                          |                                   |   |  |                                    |
| (4)  |  |         |                               |                          |                                   |   |  |                                    |
| (5)  |  |         |                               |                          |                                   |   |  |                                    |
| (6)  |  |         |                               |                          |                                   |   |  |                                    |
| (7)  |  |         |                               |                          |                                   |   |  |                                    |
| (8)  |  |         |                               |                          |                                   |   |  |                                    |
| (9)  |  |         |                               |                          |                                   |   |  |                                    |
| (10) |  |         |                               |                          |                                   |   |  |                                    |
| (11) |  |         |                               |                          |                                   |   |  |                                    |
| (12) |  |         |                               |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶▶
- 3 Enter total number of other organizations listed in the line 1 table ▶▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

Schedule I (Form 990) (2011)



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

ALAMO AREA RAPE CRISIS CENTER

Employer identification number

74-2236387

01. Form 990 governing body review (Part VI, 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.

02. Conflict of interest policy compliance (Part VI, line 12c)

ON AN ANNUAL BASIS, THE BOARD REVIEWS THE POLICY, SELF-MONITORS ITS MEMBERS, AND COMPLIES WITH SIGNING THE CONFLICT OF INTEREST POLICY

03. CEO, executive director, top management comp (Part VI, line 15a)

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

04. Other officer or key employee compensation (Part VI, line 15b)

ON AN ANNUAL BASIS, WERLING & ASSOCIATES, AN INDEPENDENT FOR-PROFIT ORGANIZATION IN BEXAR COUNTY, UNDERTAKES A SALARY SURVEY OF NONPROFIT ORGANIZATIONS. THE RAPE CRISIS CENTER

Name of the organization

Employer identification number

ALAMO AREA RAPE CRISIS CENTER

74-2236387

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

05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS FORMS 1023 & 990 AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE, GUIDESTAR'S WEBSITE, AND UPON REQUEST. IN ADDITION, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND WILL SOON BE AVAILABLE AT THE ORGANIZATION'S WEBSITE.

06. General explanation attachment

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) STRENGTHENING COMMUNITY ATTITUDES ABOUT RAPE AND RAPE VICTIMS, AND TO ENSURE SOCIETY BLAMES PERPETRATORS, NOT VICTIMS; AND (3) REDUCING SIGNIFICANTLY THE INCIDENCE AND TOLERANCE OF SEXUAL VIOLENCE IN OUR COMMUNITY.

**Statement of Program Service Accomplishments****2011 01**

Name(s) as shown on return

Your Social Security Number

ALAMO AREA RAPE CRISIS CENTER74-2236387**FORM 990, PART III(A)**

**PROGRAM SERVICE CODE**  
**PROGRAM SERVICE EXPENSES** \$872738  
**GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE** \$0  
**PROGRAM SERVICES REVENUE** \$8857

**EXPLANATION**

**THIRTY-SEVEN (37) YEARS AGO, IN 1975 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 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.**

**CLIENT SERVICES:**

**THE COUNSELING PROGRAM OFFERED COUNSELING SERVICES TO 1,116 (PRIOR YEAR 1,191) DURING THE 2011-2012 FISCAL YEAR. OF THE 1,116 (PRIOR YEAR 1,191) CLIENTS SEEN, 831 (PRIOR YEAR 888) QUALIFIED FOR AN ASSESSMENT; I.E., THEY ATTENDED THE REQUIRED NUMBER OF SESSIONS NEEDED TO DETERMINE IF SIGNIFICANT CHANGE HAD OCCURRED. OF THOSE, 726 (PRIOR YEAR 779) DEMONSTRATED AN IMPROVED SCORE. AS A RESULT, 87% (PRIOR YEAR 88%) DEMONSTRATED A POSITIVE OUTCOME.**

**WHILE 10,117 (PRIOR YEAR 9,137) INDIVIDUALS CONTACTED THE HOTLINE; 8,628 (PRIOR YEAR 7,453) WERE VIA TELEPHONE AND 1,489 (PRIOR YEAR 1,684) WERE VIA THE INTERNET AS ONLINE CHATTERS. THE TELEPHONE CALLERS, 8,628 (PRIOR YEAR 7,453), 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, 8,628 (PRIOR YEAR 7,453) INDIVIDUALS WERE ASSESSED, AND OF THOSE 8,511 (PRIOR YEAR 7,236) REPORTED A POSITIVE CHANGE. AS A RESULT, 98.6% (PRIOR YEAR 98%) DEMONSTRATED A POSITIVE OUTCOME.**

**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 2011-2012 FISCAL YEAR, THE CENTER PROVIDED HOSPITAL ACCOMPANIMENT SERVICES TO 958 (PRIOR YEAR 953) CLIENTS, OF WHICH 46% (PRIOR YEAR 51%) AGREED TO BE CONTACTED FOR A FOLLOW-UP CALL AND ASSESSMENT. OF THOSE CONTACTED, 99.8% (PRIOR YEAR 99%) DEMONSTRATED A POSITIVE OUTCOME.**

**TREND ANALYSIS:**

**THE CENTER OFFERED COUNSELING SERVICES AGAIN TO MORE THAN 1,000 CLIENTS FOR THE THIRD CONSECUTIVE YEAR. CLIENTS CONTINUE TO BE ACCOMPANIED BY FRIENDS, FAMILY, LOVED ONES, OR PARTNERS WHO, OFTEN, 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**

**Statement of Program Service Accomplishments**

2011 02

Name(s) as shown on return

Your Social Security Number

ALAMO AREA RAPE CRISIS CENTER

74-2236387

**FORM 990, PART III (A) CONTINUED****EXPLANATION (CONTINUED)**

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 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 PRIVATE PRACTICE CLINICIAN, IF LAID OFF, MAY NO LONGER HAVE ACCESS TO THOSE TYPES OF BENEFIT. THEREFORE, THEY SEEK OUT COMMUNITY BASED SERVICES TO DEAL WITH THE TRAUMA ASSOCIATED WITH SEXUAL VIOLENCE.

THE PROGRAM ALSO EXPERIENCED INCREASES IN CALLS TO THE HOTLINE AND REQUESTS FOR ACCOMPANIMENT SERVICES. DURING THE PAST FISCAL YEAR, A LARGE AMOUNT OF MEDIA ATTENTION WAS DIRECTED TOWARD SEXUAL VIOLENCE ON THE NATIONAL, STATE AND LOCAL LEVEL. INCIDENTS INCLUDING THE PENN STATE AND THE JERRY SANDUSKY TRIAL, CONTINUED LEGAL ISSUES CONCERNING A STRIP CLUB FEE THAT WOULD FINANCIALLY SUPPORT SEXUAL ASSAULT SERVICES ACROSS TEXAS; AND SEXUAL ASSAULT CASES AT LACKLAND AIR FORCE BASE, INCREASED NOT ONLY MEDIA ATTENTION, BUT INCREASED THE NUMBER OF CLIENTS RE-LIVING THEIR OWN SEXUAL VIOLENCE TRAUMA AND INDIVIDUALS SEEKING ASSISTANCE IN DEALING WITH THE ASSAULTS OF A FAMILY MEMBER, FRIEND OR LOVED ONE.

THE CENTER ALSO SPENT A GREAT DEAL OF TIME IMPLEMENTING A NEW OUTREACH INITIATIVE THAT INCLUDED CONDUCTING BOTH ON-SITE AND OFF-SITE MISSION TOURS, CALLED CONVERSATIONS OF HOPE. THE GOAL OF THIS INITIATIVE IS TO INCREASE SUPPORT IN THE COMMUNITY FOR THE CENTER AND ITS EFFORTS IN SERVING AS A RESOURCE AND COMMUNITY SAFETY NET FOR SEXUAL VIOLENCE VICTIMS AND THEIR FAMILIES. MORE THAN 250 INDIVIDUALS PARTICIPATED IN TOURS, THEREBY INCREASING THE NUMBER OF COMMUNITY LEADERS AND RESIDENTS WITH KNOWLEDGE OF OUR AVAILABLE SERVICES AND THE IMPORTANCE OF HAVING A "STAND-ALONE" RAPE CRISIS CENTER IN OUR AREA. IN MOST INSTANCES, SEXUAL ASSAULT SERVICES THROUGHOUT THE COUNTRY ARE PROVIDED BY FACILITIES THAT SERVE BOTH VICTIMS OF SEXUAL AND DOMESTIC VIOLENCE. THE CENTER'S PRESIDENT AND CEO HAS BEEN A PART OF A SMALL GROUP OF "STAND-ALONE" CENTERS FROM ACROSS THE COUNTRY WHO HAVE SPENT TIME IN RECENT MONTHS EVALUATING THE NUMBER OF PROGRAMS THAT EXIST AND WAYS IN WHICH RAISE THE LEVEL OF AWARENESS AND SUPPORT FOR OUR MISSIONS AS A COLLECTIVE VOICE ACROSS THE COUNTRY. THE FOLLOWING ARE COMMENTS RECEIVED BY ATTENDEES OF CONVERSATIONS OF HOPE:

- I HAD THE WRONG IMPRESSION OF WHAT SEXUAL ASSAULT WAS AND WHAT THE CENTER DOES. I DIDN'T REALIZE HOW THE WHOLE FAMILY WAS AFFECTED. - COMMUNITY MEMBER
- LIKE MANY OF THE PART-TIME CRISIS INTERVENTION ADVOCATES, I HAVE A FULL-TIME JOB AND OFTEN COME TO THE CENTER TIRED. HOWEVER THE PRESENTATION "RE-ENERGIZED" MY PASSION FOR THE MISSION AND REMINDED ME ABOUT THE IMPORTANCE OF MY ROLE. - CURRENT CRISIS INTERVENTION ADVOCATE
- I THOUGHT THE TOUR WAS FASCINATING AND IT CHANGED MY PERCEPTION OF WHAT RAPE IS AND WHAT IS INVOLVED. I JUST ASSUMED THE CENTER "HELPED WOMEN ONLY" AND I THOUGHT THE GOMEZ STORY WAS FASCINATING IN THE SENSE THAT AS TIME GOES ON AND HEALING TAKES PLACE IT MAY BE HELPFUL FOR THE WHOLE FAMILY. - COMMUNITY MEMBER

AS PART OF THE PROGRAM, SEVERAL COMMUNITY-BASED EVENTS WERE HELD THROUGHOUT THE YEAR AND INDIVIDUALS WHO HAD ATTENDED A CONVERSATION OF HOPE WERE INVITED TO THOSE EVENTS. FOR EXAMPLE, THESE EVENTS GENERATED COMMUNITY SUPPORT FOR THE CENTER: ONE ATTENDEE (INVITED BY A BOARD MEMBER) MADE A \$5,000 CONTRIBUTION AFTER ATTENDING THE CENTER'S "TAKE BACK THE NIGHT" RALLY IN APRIL 2012.

**Statement of Program Service Accomplishments****2011 03**

Name(s) as shown on return

Your Social Security Number

ALAMO AREA RAPE CRISIS CENTER74-2236387**FORM 990, PART III (A) CONTINUED****EXPLANATION (CONTINUED)**

CONVERSATIONS OF HOPE ALSO INCLUDE VERY IMPORTANT GOALS THAT IMPACT BOTH THE INFRASTRUCTURE OF THE ORGANIZATION AND ITS ABILITY TO GENERATE UNRESTRICTED REVENUE. THE PROGRAM IS IMPLEMENTED BY A COMBINATION OF BOARD AND STAFF MEMBERS, WHICH HAS RESULTED IN AN INCREASE IN BOARD KNOWLEDGE AND COMFORT-LEVEL IN BEING A PART OF THE OUTREACH MECHANISM OF THE AGENCY. THE FULL BOARD RECEIVED TRAINING FROM MEMBERS OF THE LEGACY TEAM (WHICH INCLUDES BOARD AND STAFF) ON DEVELOPING AND DELIVERING AN "ELEVATOR SPEECH," INCLUDING THE AGENCY'S MISSION AND PROGRAMS. THE FOLLOWING ARE QUOTES BOARD MEMBERS HAVE USED IN SPEAKING TO COMMUNITY MEMBERS IN RECENT MONTHS:

•"EACH INDIVIDUAL AT THE RAPE CRISIS CENTER, EACH STAFF MEMBER, EACH VOLUNTEER, EACH BOARD MEMBER WHO GIVES SO WILLINGLY TO THIS PLACE HELPED ME GET MY LIFE BACK. I DON'T THINK THAT THEY EVEN KNOW THAT MY HEART SAYS SILENT PRAYERS OF GRATITUDE FOR THEM EVERY DAY. THEY ARE THE REASON THAT I CAN BE A LOVING WIFE AND A GOOD MOTHER TO MY THREE CHILDREN. THEY ARE THE REASON THAT I CAN FIND JOY IN LIFE AGAIN. THEY ARE THE REASON THAT I CAN HOPE AGAIN." - DEBORAH CALLAGHAN-SHEA, BOARD MEMBER AND FORMER CLIENT

•"IT WAS THE PEOPLE IN THIS ORGANIZATION THAT INSPIRED ME TO STOP BEING ONE OF THOSE PEOPLE THAT TURNED AWAY BUT INSTEAD INSPIRED ME TO JOIN THE FIGHT AND DARE TO DREAM OF A COMMUNITY, A WORLD REALLY, WHERE SEXUAL VIOLENCE IS NO MORE." - MONICA LERMA, BOARD CHAIR, 2012-13

•"IT'S IMPORTANT FOR EVERYONE IN OUR COMMUNITY TO KNOW WHERE TO SEND PEOPLE WHO FIND THEMSELVES LOST, HOPELESS AND CONFUSED DUE TO SEXUAL VIOLENCE." - JAMES MUNOZ, CHAIR-ELECT, 2012-13

THE BOARD HAS A MORE IN-DEPTH UNDERSTANDING OF THE AGENCY'S MISSION AND HOW PROGRAM SERVICES ARE DELIVERED, WHICH HAS RESULTED IN AN INCREASE IN THEIR COMFORT LEVEL WITH INVITING INDIVIDUALS TO TOURS, COMMUNITY-BASED EVENTS, AND FUND RAISERS. MEETING DISCUSSIONS HAVE ALSO INCLUDED IN-DEPTH CONVERSATIONS ABOUT THE IMPORTANCE OF THEIR INVOLVEMENT IN PLANNING AND ATTENDING AGENCY EVENTS, AND INVITING THEIR FAMILY, FRIENDS, AND BUSINESS CONNECTIONS TO ATTEND AS WELL.

**Statement of Program Service Accomplishments****2011 01**

Name(s) as shown on return

Your Social Security Number

**ALAMO AREA RAPE CRISIS CENTER****74-2236387****FORM 990, PART III(C)**

|   |                 |
|---|-----------------|
| <b>PROGRAM SERVICE CODE</b>                             |                 |
| <b>PROGRAM SERVICE EXPENSES</b>                         | <b>\$298017</b> |
| <b>GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE</b> | <b>\$0</b>      |
| <b>PROGRAM SERVICES REVENUE</b>                         | <b>\$48455</b>  |

**EXPLANATION****EDUCATION & OUTREACH:**

STAFF CONDUCTS PRIMARY PREVENTION FOCUSED EDUCATION SESSIONS FOR YOUTH KINDER THROUGH UNIVERSITY LEVEL, FACULTY, STAFF, LAW ENFORCEMENT, VICTIM SERVING PROFESSIONALS, COMMUNITY AND NON-PROFIT ORGANIZATIONS. DURING THE PRIOR FISCAL YEAR, OF THE 5,906 (PRIOR YEAR 5,065) PARTICIPANTS, 5,601 (PRIOR YEAR 4,038) COMPLETED THE ASSESSMENT. OF THOSE, 5,318 (PRIOR YEAR 3,590) INDICATED KNOWLEDGE GAINED. AS A RESULT 94.9% (PRIOR YEAR 89%) ACHIEVED THE EXPECTED GOAL. THE CENTER ALSO CONDUCTED SEVEN (SAME AS PRIOR YEAR) VOLUNTEER TRAININGS.

THE EDUCATION DEPARTMENT IS SEEING FEWER PARTICIPANTS FOR SIX TO EIGHT WEEK SESSIONS AS THE PROGRAM CONTINUES TO TRANSITION FROM A FOCUS OF 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 CURRICULUM DEVELOPMENT BEGAN SEPTEMBER 1, 2010. AFTER THE CURRICULUM WAS COMPLETED, IT WAS DELIVERED IN A PILOT PHASE IN THE SPRING OF 2011 IN MULTI-GROUP SESSIONS. IMPLEMENTATION INCLUDED 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 MOTIVATES 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.

**PROGRAM IMPACT NARRATIVES****COUNSELING:**

•A YOUNG WOMAN IN A SUBSTANCE ABUSE REHABILITATION FACILITY THE CENTER WORKS COLLABORATIVELY WITH PRESENTED HAVING CHILDHOOD SEXUAL ABUSE ISSUES. THROUGH COUNSELING, THE CLIENT LEARNED THAT HER ADDICTION WAS SYMPTOMATIC OF UNDERLYING EARLY SEXUAL TRAUMA. ADDITIONALLY, SHE EXPRESSED STRONG SELF-BLAME, GUILT AND SHAME OF HAVING ABANDONED HER OWN CHILDREN DURING HER ADDICTION. THUS, THE CLIENT ACKNOWLEDGED THAT FORGIVING HERSELF WAS IMPERATIVE TO HER BEGINNING THE HEALING PROCESS. AS PART OF HER COUNSELING PROGRAM, THE CLIENT WAS ABLE TO PROCESS A WIDE RANGE OF PAINFUL EMOTIONS AND REALIZE THAT TO BE HUMAN IS TO MAKE MISTAKES. CONSEQUENTLY, THE CLIENT WAS ABLE TO MOVE FROM BEING REMORSEFUL TO IMPROVING HER RECOVERY OPPORTUNITIES.

•PAMELA IS A 13-YEAR-OLD HISPANIC FEMALE WHO WAS MOLESTED BY HER STEPFATHER STARTING AT THE AGE OF EIGHT. SHE RECENTLY MADE AN OUTCRY TO HER MOTHER, WHO PROMPTLY CONTACTED THE AUTHORITIES AND FILED A POLICE REPORT. PAMELA REPORTED FEELING SAD AND SOMEWHAT GUILTY THAT HER STEP SIBLINGS WOULD NO LONGER HAVE THEIR FATHER AROUND. IN HER INITIAL SESSION PAMELA

**Statement of Program Service Accomplishments**

2011 02

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ALAMO AREA RAPE CRISIS CENTER

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**FORM 990, PART III (C) CONTINUED****EXPLANATION (CONTINUED)**

ESTABLISHED A THERAPY GOAL OF NO LONGER WRITING SAD SONGS. PAMELA EXPRESSES HERSELF THROUGH SONGS, POEMS, AND MUSIC; AND PLAYS THE VIOLIN IN A MARIACHI BAND. THROUGHOUT HER SESSIONS WE EXPLORED THE MEANING OF HAPPINESS AND HOW HAPPINESS COULD BE MANIFESTED IN HER LIFE. PAMELA STARTED NOTICING AND ENJOYING HAPPY MOMENTS WITH HER FAMILY AND NOTICING THE SUPPORT FROM THEM AS WELL. PAMELA REALIZED HER STEPFATHER IS THE ONLY PERSON RESPONSIBLE FOR THE FAMILY SITUATION AND THAT SHE CAN ONLY BE THERE FOR HER SIBLINGS. PAMELA HAS BEGUN TO THANK PEOPLE FOR HELPING HER TO MOVE THROUGH THIS PERIOD OF HER LIVE AND IS NOW WRITING HAPPY SONGS AND POEMS THAT SHE HOPES TO ONE DAY PERFORM.

•SARA IS A 27 YEAR OLD CAUCASIAN FEMALE WHO WAS MOLESTED BY HER STEPFATHER FROM THE AGE OF 6 TO 24 YEARS. SHE GREW UP IN THE ISLANDS AND MOVED TO THE UNITED STATES WITH THE FATHER OF HER BABY. SHORTLY AFTER MOVING TO THE STATES, SARA BEGAN TO ENDURE PHYSICAL ABUSE FROM HER PARTNER. SARA WAS ABLE TO GET AWAY FROM THAT RELATIONSHIP TO PROTECT HERSELF AND HER SON. IN HER INITIAL APPOINTMENT, SARA STATED SHE HAD RECENTLY LEARNED HER SISTER HAD ALSO BEEN SEXUALLY ABUSED BY HER STEP FATHER. HEARING THIS NEW INFORMATION SARA BEGAN TO REMEMBER EVENTS FROM GROWING UP WHICH CREATED MANY FEELINGS OF ANGER AND ANXIETY. SARA, HER MOTHER, AND HER SISTER HAD BEEN WORKING WITH THEIR GOVERNMENT TO PRESS CHARGES HOWEVER QUICKLY LEARNED THAT THERE WAS NOTHING TO BE DONE. THIS KNOWLEDGE INCREASED THE LEVEL OF ANXIETY IN SARA WHICH PROMPTED HER TO MAKE A COUNSELING APPOINTMENT. AT THE BEGINNING OF THERAPY SARA COULD NOT SIT STILL OR FOCUS ON ANY ONE TOPIC FOR MORE THAN 5 MINUTES AT A TIME. WE BEGAN TO EXPLORE THE ANGER SHE FEELS TOWARDS HER PERPETRATOR AND WAYS SHE COULD USE THAT ANGER TO HELP HER MOVE ON WITH HER LIFE. SLOWLY SARA BEGAN TO LEARN HOW TO FOCUS ON HERSELF AND RECLAIM HER LIFE BACK BY GAINING CONTROL OVER HER EMOTIONS AND ACTIONS. ALTHOUGH SARA CONTINUES TO ATTEND SESSIONS SHE HAS FOUND A NEW STRENGTH IN HER ABILITIES TO BE A GOOD MOTHER AND CHOOSES TO ADVOCATE FOR OTHER SINGLE MOTHERS WHO HAVE BEEN IN HER POSITION. SARA HAS EXPRESSED GRATITUDE FOR THE SUPPORT SHE HAS RECEIVED FROM THOSE WHO SHE INTERACTS WITH AT THE CENTER FROM OUR RECEPTIONISTS TO OUR CASE MANAGERS.

**CRISIS INTERVENTION:****•ACCOMPANIMENT:**

-THE FORENSIC NURSE FROM METHODIST SPECIALTY AND TRANSPLANT (MSTH) CALLED REQUESTING AN ADVOCATE BE DISPATCHED TO UNIVERSITY HOSPITAL. A 49 YEAR OLD FEMALE HAD BEEN BROUGHT IN BY AMBULANCE AFTER SHE WAS FOUND IN AN ALLEY. SHE HAD BEEN WALKING TO HER CAR AND WAS PHYSICALLY AND SEXUALLY ASSAULTED BY AN ACQUAINTANCE. HER INJURIES WERE TOO SEVERE TO TRANSPORT HER TO MSTH FOR THE EXAM. THE ADVOCATE STAYED WITH HER, HELPED HER TO FEEL SAFE, AND GAVE HER INFORMATION FOR HOW TO SEEK COUNSELING AND CASE MANAGEMENT SERVICES AFTER HER RELEASE FROM THE HOSPITAL.

-A 7 YEAR OLD BOY WAS BROUGHT TO SR BY HIS GRANDMOTHER AFTER HE OUTCRIED THAT HIS 11 YEAR OLD COUSIN HAD BEEN SEXUALLY ASSAULTING HIM WITH OBJECTS. THE ADVOCATE STAYED WITH THE FAMILY AND HELPED COMPLETE PAPERWORK AND COLLECTED FOLLOW- UP INFORMATION FOR COUNSELING AND CASE MANAGEMENT. CHILD PROTECTIVE SERVICES WAS ALSO INVOLVED AND 7 YEAR OLD WAS PLACED IN THE CARE OF HIS GRANDMOTHER PENDING AN INVESTIGATION.

**•HOTLINE:**

A MALE CALLER CALLED THE HOTLINE UPSET THAT HIS GIRLFRIEND HAD BEEN MISSING THE NIGHT BEFORE AND HAD JUST COME HOME. SHE WAS CRYING AND UPSET AND DIDN'T KNOW HOW SHE GOT HOME. HE HAD

Statement of Program Service Accomplishments

2011 03

Name(s) as shown on return

Your Social Security Number

ALAMO AREA RAPE CRISIS CENTER

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FORM 990, PART III (C) CONTINUED

EXPLANATION (CONTINUED)

TRIED TO TALK TO HER, BUT SHE HAD LOCKED HERSELF IN THE BATHROOM. THE HOTLINE OPERATOR TALKED TO HIM AND EVENTUALLY WAS ABLE TO GET THE GIRLFRIEND ON THE PHONE. SHE DIDN'T REMEMBER WHAT HAD HAPPENED SINCE EARLIER IN THE EVENING WHEN SHE WENT OUT WITH FRIENDS FROM WORK FOR DRINKS. SHE REMEMBERED HAVING ONLY ONE DRINK AND THEN NOTHING UNTIL SHE WAS HOME. THE HOTLINE OPERATOR DISCUSSED OPTIONS WITH HER ON REPORTING OR NOT REPORTING AND GETTING A FORENSIC EXAM DONE AND WHERE TO GO. SHE SAID THAT SHE WAS GOING TO HAVE HER BOYFRIEND TAKE HER TO THE HOSPITAL FOR AN EXAM AND POSSIBLY CALL THE POLICE. THE HOTLINE OPERATOR GAVE THE BOYFRIEND THE NAME AND ADDRESS FOR THE HOSPITAL AND REMINDED HIM WE WERE HERE 24/7 IF THEY HAD ANY MORE QUESTIONS.

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2011**

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

(Keep for your records)

2% of the amount on Schedule A, part II, line 11, column (f) ..... 129,265

| Name                                       | (a)<br>2007 | (b)<br>2008 | (c)<br>2009 | (d)<br>2010 | (e)<br>2011    | (f)<br>Total   | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limit) |
|--|-------------|-------------|-------------|-------------|----------------|----------------|---|
| <b>UNITED WAY OF SAN ANTONIO AND BEXAR</b> |             |             |             |             | <b>285,822</b> | <b>285,822</b> | <b>156,557</b>  |

**TOTAL**

**156,557**

990

Tax Exempt  
Diagnostic Summary

2011

Name  
ALAMO AREA RAPE CRISIS CENTER

Employer Identification #  
74-2236387

Demographics

Mailing Address:  
7500 US HWY 90 W STE 201 BLDG 2  
SAN ANTONIO, TX 78227

Phone: (210)521-7273

Resident State: TX

Diagnostics

Preparer: DEREK SCHRIVER

Invoice:

Date: 11-06-2012

Return Information

| Item on Return                 | 2011<br>Federal | 2010 Federal<br>(If available) |
|--------------------------------|-----------------|--------------------------------|
| Total Revenue                  | 1,363,651       | 1,413,054                      |
| Total Expenses                 | 1,460,923       | 1,548,091                      |
| Net Excess (Deficit)           | (97,272)        | (135,037)                      |
| Net Assets or Fund<br>Balances | 72,761          | 170,033                        |

State/City Information

| <u>State/City</u> | <u>Taxable<br/>Revenue</u> | <u>Total<br/>Expenses</u> | <u>Change Fund<br/>Balance</u> | <u>UBIT</u> | <u>Total<br/>Tax</u> | <u>Refund/<br/>(Balance Due)</u> |
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|

