

For Paperwork Reduction Act Notice, see the separate instructions.

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

**Preparer**  
 Print preparer's name: Reed J Smiley, CPA  
 Signature: *[Signature]*  
 Date: 3/28/2013  
 Check self-employed  PTIN: P00268083  
 Firms name: Reed J. Smiley, CPA  
 Firms address: 1550 N.E. Loop 410, Suite 207, San Antonio, TX 78209  
 Firms EIN: 74-2500491  
 Phone no.: (210) 822-6900

**Sign Here**  
 Signature of officer: *[Signature]*  
 Title: **EXECUTIVE DIRECTOR**  
 Date: 3/19/13

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 CPA) based on all information of which preparer has any knowledge.

**Part II Signature Block**

Part	Section	Description	Prior Year	Current Year
20-22	Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	733,531	735,571
		21 Total liabilities (Part X, line 26)	132,983	130,234
		20 Total assets (Part X, line 16)	866,514	865,805
	Expenses	19 Revenue less expenses. Subtract line 18 from line 12.	1,904,057	2,183,097
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	639,780	720,409
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,828	
		16a Total fundraising expenses (Part IX, column (D), line 25)	0	0
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,264,277	1,462,688
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,959,880	2,185,137
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,257	12,086	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36,838	26,287	
9 Program service revenue (Part VIII, line 2g)	1,877,785	2,146,764		
8 Contributions and grants (Part VIII, line 1h)				
Activities & Governance	7a Total number of volunteers (estimate if necessary)	6	50	
	7b Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	76	
	6 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3			
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,838	26,287
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	639,780	720,409
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,904,057	2,183,097
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	132,983	130,234
	22	Net assets or fund balances. Subtract line 21 from line 20	733,531	735,571

1 Briefly describe the organization's mission or most significant activities: See Attached Schedule O.

**Part I Summary**

K Form of organization:  Corporation  Trust  Association  Other

J Website: [www.lifetimerecoverytx.org](http://www.lifetimerecoverytx.org)

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

F Name and address of principal officer: David Phipps, Executive Director, 10290 Southton Road, San Antonio, TX 78223

E Telephone number: (210) 633-0201

D Employer identification number: 74-1540097

C Name of organization: San Antonio Lifetime Recovery, Inc., and ending 8/31/2012

B Check if applicable:  Address change  Name change  Initial return  Terminated  Amended return  Application pending

A For the 2011 calendar year, or tax year beginning 9/1/2011, and ending 8/31/2012

H(a) Is this a group return for affiliates?  Yes  No

H(b) Are all affiliates included?  Yes  No

H(c) Group exemption number: 2,190,560

M State of legal domicile: TX

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

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

**Return of Organization Exempt From Income Tax**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

IRS e-file Signature Authorization  
for an Exempt Organization

For calendar year 2011, or fiscal year beginning 9/1, 2011, and ending 8/31, 2012  
Do not send to the IRS. Keep for your records.  
See instructions on back.

OMB No. 1545-1878

2011

Employer identification number

74-1540097

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	2,185,137
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c).	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officers' PIN: check one box only

I authorize Reed J. Smiley, CPA, ERO firm name \_\_\_\_\_ to enter my PIN 40097 as my signature. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return, if I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

74424812345  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form—See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

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 hope for the hopeless addit and alcoholic through focused, personal treatment and support services for adult men in residential treatment and adult men and women in an outpatient setting. The organization's programs served approximately 1,140 clients during the last fiscal year.

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  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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 \$ 1,945,660 including grants of \$ 0 ) (Revenue \$ 0 )

The organization provided the saving services to approximately 1,140 persons during the fiscal year. Residual benefits accrued to children, spouses, and other family members of each of these persons. Accomplishments include: 74% success rate for completion of the individual's treatment plan and 70% success rate for individual's maintaining successful sobriety on a 90-90 day followup.

4b (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4c (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 1,945,660 ) (Revenue \$ 0 )

No	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11		
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b	X	

Part IV Checklist of Required Schedules (continued)

21	22	23	24a	24b	24c	24d	25a	25b	26	27	28	29	30	31	32	33	34	35a	35b	36	37	38
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 13? If "Yes," complete Schedule I, Parts I and II.	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 27? If "Yes," complete Schedule I, Parts I and III.	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.	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.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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.	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.	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.	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 family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 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.	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	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.	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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. c 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.	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.	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.			

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

1a	Enter the number reported in Box 3 of Form 1099, Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	76
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4a	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8866-1?	5b	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year. e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations: Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds: a Did the organization make any taxable distributions under section 4965? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Inflation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	10a	
		10b	
		11a	
		11b	
		12a	
		12b	
		13a	
		13b	
		13c	
		14a	X
		14b	

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.  X

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- b Enter the number of voting members included in line 1a, above, who are independent.
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
  - a The governing body?
  - b Each committee with authority to act on behalf of the governing body?
  - c Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.
- 9 Is the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

13	1a		
13	1b		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a		X	
8b		X	
9		X	

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

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

10a		X
10b		
11a		X
11b		
12a		X
12b		X
12c		X
13		X
14		X
15a		X
15b		X
16a		X
16b		

Section C. Disclosure

- 17 Let 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. Indicate how you made these available. Check all that apply.
  - Own website
  - Another's website
  - Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Amprosa G. Gutierrez**  
10290 Southton Road, San Antonio, TX 78223  
210-633-0201

**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) Name and Title	(b) Average hours per week (describe hours for related organizations in Schedule O)	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(d) Reportable compensation from the organization (W-2/1099-MISC)	(e) Reportable compensation from related organizations (W-2/1099-MISC)	(f) Estimated amount of compensation from the organization and related organizations
(1) Porter Dillard Director	1.00	X	0	0	0
(2) Lori Evans Director	3.00	X	0	0	0
(3) Rod Moeke Director	1.00	X	0	0	0
(4) Felipe Trevino Director	1.00	X	0	0	0
(5) Craig Kopecky Director	1.00	X	0	0	0
(6) Ray Leach Director	1.00	X	0	0	0
(7) Steve Elliott Director	1.00	X	0	0	0
(8) Michael Moore Director	1.00	X	0	0	0
(9) Peter Glassman Director	1.00	X	0	0	0
(10) Thomas L. Douhat Director	1.00	X	0	0	0
(11) William L. Thomas Chairman	3.00	X	0	0	0
(12) Alan Ernst Vice Chairman	1.00	X	0	0	0
(13) James Horan Secretary	1.00	X	0	0	0
(14) David Phipps Treasurer	1.00	X	0	0	0
Executive Director	40.00	X	0	0	0

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	0
0		
0		
0		
0		
0		
(A)	Name and business address	
(B)	Description of services	
(C)	Compensation	

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.

Section B. Independent Contractors	
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.
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.
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.
3	Yes No
4	X
5	X

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
1b	Sub-total	0
c	Total from continuation sheets to Part VII, Section A.	0
d	Total (add lines 1b and 1c)	0

(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
(15) Ambrosia Gutierrez	Controller	40.00	X	X						
(A) Name and title	(B) Average hours per week (describe hours for organizations related in schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations	(G) Former	(H) Highest compensated employee	(I) Key employee	(J) Officer	(K) Institutional trustee

Part VIII Statement of Revenue

(A) Total revenue	2,148,764	2,148,764	2,148,764
(B) Related or exempt function revenue			
(C) Unrelated business revenue			
(D) Revenue excluded from tax under sections 512, 513, or 514			812,513, or 514

1a Federated campaigns	273,085		
1b Membership dues	0		
1c Fundraising events	0		
1d Related organizations	0		
1e Government grants (contributions)	1,779,357		
1f All other contributions, gifts, grants, and smaller amounts not included above	94,312		
1g Noncash contributions included in lines 1a-1f	0		
h Total. Add lines 1a-1f	2,148,764		
2a Private Pay Counseling and Treatment Fee	623,990		
2b			
2c			
2d			
2e All other program service revenue			
2f			
2g Total. Add lines 2a-2f	26,287		

3 Investment income (including dividends, interest, and other similar amounts)	0		
4 Income from investment of tax-exempt bond proceeds	0		
5 Royalties	0		
6a Gross rents			
6b Less: rental expenses			
6c Rental income or (loss)	0		
6d Net rental income or (loss)	0		
7a Gross amount from sales of assets other than inventory			
7b Less: cost or other basis and sales expenses			
7c Gain or (loss)	0		
7d Net gain or (loss)	0		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)	0		
8b See Part IV, line 18	16,673		
8c Less: direct expenses	5,423		
8d Net income or (loss) from fundraising events	11,250		
9a Gross income from gaming activities			
9b See Part IV, line 19	0		
9c Less: direct expenses	0		
9d Net income or (loss) from gaming activities	0		
10a Gross sales of inventory, less returns and allowances			
10b Less: cost of goods sold			
10c Net income or (loss) from sales of inventory	0		
11a Other income	900,099		
11b	836		
11c	0		
11d All other revenue	0		
11e Total. Add lines 11a-11d	836		
12 Total revenue. See instructions.	2,185,137	27,123	11,250



Part X Balance Sheet

	(A) Beginning of year	(B) End of year
1 Cash—non-interest-bearing	314,353	427,444
2 Savings and grants receivable, net	2	2
3 Pledges and grants receivable, net	251,095	144,099
4 Accounts receivable, net	0	0
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	0
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	5	5
7 Notes and loans receivable, net	6	6
8 Inventories for sale or use	0	0
9 Prepaid expenses and deferred charges	9,254	5,216
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	623,361	
b Less: accumulated depreciation	334,316	
11 Investments—publicly traded securities	291,812	100
12 Investments—other securities. See Part IV, line 11	0	0
13 Investments—program-related. See Part IV, line 11	0	0
14 Intangible assets	0	0
15 Other assets. See Part IV, line 11	0	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	866,514	865,805
17 Accounts payable and accrued expenses	132,983	130,234
18 Grants payable	17	18
19 Deferred revenue	18	18
20 Tax-exempt bond liabilities	19	19
21 Escrow or custodial account liability. Complete Part IV of Schedule D	20	20
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	21	21
23 Secured mortgages and notes payable to unrelated third parties	22	22
24 Unsecured notes and loans payable to unrelated third parties	0	0
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	0	0
26 Total liabilities. Add lines 17 through 25	132,983	130,234
27 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	674,400	687,967
28 Unrestricted net assets	733,531	735,571
29 Permanently restricted net assets	59,131	47,804
30 Capital stock or trust principal, or current funds	30	30
31 Paid-in or capital surplus, or land, building, or equipment fund	31	31
32 Retained earnings, endowment, accumulated income, or other funds	32	32
33 Total net assets or fund balances	866,514	865,805
34 Total liabilities and net assets/fund balances	866,514	865,805

**Part XI Reconciliation of Net Assets**

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

**Part XII Financial Statements and Reporting**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	2,185,137
2	Total expenses (must equal Part IX, column (A), line 25)	2,183,097
3	Revenue less expenses. Subtract line 2 from line 1.	2,040
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	733,531
5	Other changes in net assets or fund balances (explain in Schedule O)	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	735,571

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?

d If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

e 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.

3b

3a

2a

2b

2c

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return  
San Antonio Lifetime Recovery, Inc.

Business or activity to which this form relates  
990

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	
	(b) Cost (business use only)	
	(c) Elected cost	

7	Listed property. Enter the amount from line 29	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)

15 Property subject to section 168(f)(1) election

16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

17 MACRS deductions for assets placed in service in tax years beginning before 2011

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

19 a Classification of property

(b) Month and year placed in service

(c) Basis for depreciation (business/investment use only—see instructions)

(d) Recovery period

(e) Convention

(f) Method

(g) Depreciation deduction

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20 a Class life

b 12-year

c 40-year

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)**

(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	1,551,895	1,939,195	2,068,047	1,877,785	2,146,764	9,583,686
2						0
3						0
4	1,551,895	1,939,195	2,068,047	1,877,785	2,146,764	9,583,686
5						0
6						0
Public support. Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	1,551,895	1,939,195	2,068,047	1,877,785	2,146,764	9,583,686
8						0
9	171	4,306	7,271			11,748
10						0
11	75,724	91,334	23,100	82,095	38,373	310,626
12						9,908,060
13						12
14						96.75%
15						96.39%

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

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	96.75%
15	Public support percentage from 2010 Schedule A, Part II, line 14	96.39%
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	<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 17a, 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**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						
<b>Total</b>						

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	0	0	0	0	0	0
10a	0	0	0	0	0	0
10b	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 0.00%

16 Public support percentage from 2010 Schedule A, Part III, line 15 0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 0.00%

18 Investment income percentage from 2010 Schedule A, Part III, line 17 0.00%

19a 33 1/3% support tests—2011, if the organization did not check the box on line 14, and line 16 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 18a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV**

Schedule A (Form 990 or 990-EZ) 2011 San Antonio Lifetime Recovery, Inc.

74-1540097

Page 4

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part II Line 10 2007 Program Revenue \$73,929, Special Events \$1,364, and Miscellaneous \$431

Part II Line 10 2008 Program Service Revenue \$77,996, Special Events \$13,336

Part II Line 10 2009 Program Service Revenue \$23,899, Special Events (\$789)

Part II Line 10 Program Service Revenue \$36,838, Special Events \$37,688, and Miscellaneous \$7,589

Part II Line 10 Program Service Revenue \$26,287, Special Events \$11,260, and Miscellaneous \$836

Series of horizontal dashed lines for supplemental information.

Employer identification number

74-1540097

**Schedule B**  
(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

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

**Schedule of Contributors**

San Antonio Lifetime Recovery, Inc.  
Organization type (check one):

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

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Form 990-PF  501(c)(3) exempt private foundation

**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)(v) and received from any one contributor, during the year, a contribution of the greater of (i) \$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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

San Antonio Lifetime Recovery, Inc.

Employer identification number

74-1540097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way of San Antonio 700 South Alamo San Antonio TX 78205 Foreign State or Province: Foreign Country:	\$ 272,071	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	M. Stafford Piyor Grant, Frost Bank, Trustee P. O. Box 1600 San Antonio TX 78296 Foreign State or Province: Foreign Country:	\$ 8,956	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Holt Foundation P. O. Box 207916 San Antonio TX 78220-7916 Foreign State or Province: Foreign Country:	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	The Trull Foundation 404 Fourth Street Palacios TX 77465 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	St. Luke's Lutheran Health Ministries P. O. Box 1901 San Antonio TX 78209 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Department of the Treasury  
Internal Revenue Service

Name of the organization

San Antonio Lifetime Recovery, Inc.

Employer identification number

74-154097

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		
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.**

- Purpose(s) of conservation easements held by the organization (check all that apply):
  - Preservation of natural habitat
  - Protection of open space
  - Preservation of land for public use (e.g., recreation or education)
  - Preservation of an historically important land area
  - Preservation of a certified historic structure
- 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.
 

	2a	2b	2c	2d
a Total number of conservation easements				
b Total acreage restricted by conservation easements				
c Number of conservation easements on a certified historic structure included in (a)				
d Number of conservation easements listed in the National Register historic structure included in (a) acquired after 8/17/06, and not on a historic structure				

**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.**

- 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.
- 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
a Revenues included in Form 990, Part VIII, line 1	\$	\$
b Assets included in Form 990, Part X	\$	\$
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

	(i) Assets included in Form 990, Part X	(ii) Assets included in Form 990, Part X
a Revenues included in Form 990, Part VIII, line 1	\$	\$
b Assets included in Form 990, Part X	\$	\$
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year: \$
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year:  Yes  No
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violators, and enforcement of the conservation easements it holds?  Yes  No
- Number of states where property subject to conservation easement is located:  Yes  No
- Does each conservation easement reported on line 2(a) above satisfy the requirements of section 170(b)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 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.**

- 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.
- 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
a Revenues included in Form 990, Part VIII, line 1	\$	\$
b Assets included in Form 990, Part X	\$	\$
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

	(i) Assets included in Form 990, Part X	(ii) Assets included in Form 990, Part X
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?

Part IV Escrow and Custodial Arrangements. Complete if the 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?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with columns: Amount, 1c, 1d, 1e, 1f

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes X No

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

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

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

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

Table with columns: Land, Buildings, Leasehold improvements, Equipment, Other. Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(a)	0	
(b)	0	
(c)	0	
(d)	0	
(e)	0	
(f)	0	
(g)	0	
(h)	0	
(i)	0	
(j)	0	
<b>Total (Column (b) must equal Form 990, Part X, line 12.)</b>	<b>0</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total (Column (b) must equal Form 990, Part X, line 13.)</b>	<b>0</b>	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total (Column (b) must equal Form 990, Part X, line 15.)</b>	<b>0</b>

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total (Column (b) must equal Form 990, Part X, line 25.)</b>	<b>0</b>

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)	2,185,137
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,183,097
3	Excess or (deficit) for the year. Subtract line 2 from line 1	2,040
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	2,040

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

1	Total revenue, gains, and other support per audited financial statements	2,264,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	79,577
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	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	2,185,137

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

1	Total expenses and losses per audited financial statements	2,262,674
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	79,577
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	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2,183,097

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

**Part XIV Supplemental Information**

1	Total revenue	2,183,097
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	79,577
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	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2,183,097

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

San Antonio Lifetime Recovery, Inc.

Employer identification number  
74-154097

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

**2011**

OMB No. 1545-0047

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations  
b  Internet and email solicitations  
c  Phone solicitations  
d  In-person solicitations

e  Solicitation of non-government grants  
f  Solicitation of government grants  
g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No  
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

1	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
0					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
<b>Total</b>					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



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**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**17 Mandatory distributions:**  
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No  
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 0

Director/officer  
 Employee  
 Independent contractor  
 Description of services provided  
 Gaming manager compensation \$ 0  
 Name

**16 Gaming manager information:**  
 Address  
 Name

c If "Yes," enter name and address of the third party.  
 b If "Yes," enter the amount of gaming revenue retained by the organization \$ 0 and the amount of gaming revenue received by the organization \$ 0 and the revenue?  
**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
 Yes  No  
 Address  
 Name

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:  
 b An outside facility.  
 a The organization's facility.  
 Indicate the percentage of gaming activity operated in:  
 13a %  
 13b %

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  
 Yes  No  
**13** Indicate the percentage of gaming activity operated in:  
 a The organization's facility.  
 b An outside facility.  
 13a %  
 13b %

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

Open to Public Inspection

**2011**

OMB No. 1545-0047

Employer identification number  
74-1640097

San Antonio Lifetime Recovery, Inc.

Form 990 Part I Line 1 To change lives through comprehensive treatment of substance abuse. In

addition to serving the individual clients, we service the families and community of our

clients with family and parenting education, and by being a proactive voice in the recovery

community. Additionally, we maintain a license as a Clinical Training Institution to train and

educate new counselors in the field with the most recent treatment therapies. Our program

includes research (evidence)-based curriculum, cognitive behavior therapy skills, relapse

prevention, therapy, family systems, introduction to the 12-step philosophy, drug education,

curriculum process groups, and motivational enhancement therapy. In our residential program

for adult men, we serve approximately 630 individuals annually. In our outpatient facility, we

serve approximately 610 adult men and women. The organization sustains its mission financially

by increasing service to larger segments of the populace of San Antonio, Texas and surrounding

areas, and developing funding streams from foundations, corporations, private sources, and

fundraising/event activities. We maintain a 74% completion rate, which is above the standards

set by the State of Texas.

Form 990 Part VI Section B Line 11b Forms 990 are reviewed by the Board of Directors at a

scheduled meeting or by the Executive Committee via email. If time constraints prohibit a

Board review.

Form 990 Part VI Section B Line 12c The Executive Director maintains constant contact with

Board members and discloses at Board meetings activities that key employees and Board members

are involved in so that Board members can consider and act upon potential conflicts.

Form 990 Part VI Section B Line 16b The Executive Director's compensation is a combination of

Board approval and the use of the Working Compensation Survey.

Form 990 Part VI Section C Line 19 The organization makes its governing documents, conflict of

interest policy, and financial statements available to the general public upon request. The

organization's annual Forms 990 are available on Guidestar.com.

San Antonio Lifetime Recovery, Inc.  
 74-1540097  
 2011 Form 990 (FYE 8-31-12)  
 Continuation of Part IX, Line 24f  
 All Other Expenses

Description	Total	Program	Mgmt	Fund Raising
Auto and Truck	21,770	21,370	400	-
Bad Debt Expense	124	-	124	-
Bank Charges	9,133	5,518	3,615	-
Development	41,216	-	-	41,216
Dues and Subscriptions	5,463	140	-	5,323
Education Expenses	5,267	4,635	632	-
Equipment Rentals	16,179	15,909	270	-
Licenses and Permits	1,069	997	72	-
Payroll Management Fee	27,611	24,905	2,706	-
Postage	1,726	1,416	248	62
Repairs and Maintenance	2,419	2,259	128	32
Telephone	23,788	23,653	108	27
Miscellaneous	1,542	1,492	50	-
	157,307	102,294	8,353	46,660