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"Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calen	darvoar	or tay year	heginning	200	9, and endir	_ 	<u>L</u> .	· · · · ·
	-		uai yeai,	C	beginning	, 200	o, and chan	<u>.9</u>	D Employer Ider	ntification Number
D		applicable	Please use	CITCCEC	S IN RECOVERY,	TNC			77-0469	
	\vdash	dress change	IRS label or print	PO BOX	2556	INC.				
	Nar	me change	or type.		A, CA 93279				E Telephone nur	
	Initi	ial return	specific Instruc-	VIORDIA	1, Ch 33213				559-63	<u>-4780</u>
	Ter	mination	tions.							
	Am	ended return							G Gross receipts	\$ 809,269.
	App	plication pending	F Name a	and address of	principal officer			H(a) Is this	a group return for at	filiates? Yes X No
			Same A	As C Abo	ove				affiliates included?	Yes No
ī	Tax-	exempt statu	ıs X 501	(c) (3) ◀ (insert no.)	4947(a)(1) or	527	IT NO,	attach a list (see ir	istructions)
1		site: ► N/		(-/ (/ (H(c) Group	exemption number	>
K		of organization	Corpora	ation Trus	st Association O	ther >	L Year of Forma			legal domicile
	rt I	Summa		ation 11th	A ASSOCIATION O	uici	E rear or rouna	uon	1 0 0	icgar domicite
1 6				nanization's	mission or most sign	ficant activities:	PROVIDED	ROOM	AND BOARD	FOR TWELVE
	ı				AN EMANCIPATION		TIOATDED	NOOM_	WID DOWN	10K 1MPHAP
ဦ	-	VNOTESČE	11/T TITT	IOIZO TIA	VN THUNCTLUTT	N GROOF				
Activities & Governance	-			 -						
Š	2 7	Check this bo			nization discontinued if	te operations or di		 oro than 3		
ဗိ					governing body (Part		sposed of file	ore triair z	3	6
- ಆರ					mbers of the governing		ne 1b)		4	6
Ę	ı	Total number		-		.g 200, (5	Ö
₹					ate if necessary)				. 6	0
¥					venue from Part VIII, o	column (C), line 12	2		7 a	
					come from Form 990-				7 b	0.
_				70		•			rior Year	Current Year
	18 18 18	Codidbht@u	388 M20		l line 1h)			<u>-</u>	7,217.	8,684.
Ē		Program sen	nce tenen o din Bilan	iller de art VI	II line 20)	•	•	·	783,480.	799,192.
Revenue					ımn (A), lines 3, 4, an	d 7d)	•		645.	1,148.
æ					(A), lines 5, 6d, 8c, 9c				8,276.	195.
					gh 11 (must equal Par		 line 12)	-	799,618.	809,219.
					(Part IX, column (A), I		11110 12)		733,010.	003,213.
									<u> </u>	
					Part IX, column (A), li				E04 721	625 222
8			-		ployee benefits (Part		es 5-10)		594,721.	625, 222.
Expenses	16 a	Professional	fundraisir	ng fees (Par	t IX, column (A), line	11e)				<u> </u>
×	b ·	Total fundras	sing expe	nses (Part l	X, column (D), line 25	i) -				
Ш	17 (Other expens	ses (Part I	IX, column	(A), lines 11a-11d, 11	f-24f)			165,059.	159,425.
	1				must equal Part IX, co				759,780.	784,647.
	1				line 18 from line 12	,,			39,838.	24,572.
- R		, to veride less	<u> </u>		10 110111 1110 12					
Net Assets or Fund Balancos		T-1-11-	Ф V. I.	10				Бедіі	nning of Year 480,079.	End of Year 505, 110.
90	ı	Total assets			•		•	•	327,264.	331,012.
, 2 5	i	Total liabilitie	•		•	•		·		
-					ract line 21 from line	20			152,815.	174,098.
Pa	art II	Signat	ure Bloc	CK						
		Under penaltie	es of perjury.	I declare that I	have examined this return, in preparer (other than officer)	icluding accompanying s	chedules and sta	itements, and	to the best of my ki	nowledge and belief, it is
		- W	· · · · · · · · · · · · · · · · · · ·	1. 1	property (contraction and		o oa. p.op		- A.	. ^
Sig			YLICK	the W	list				<u>5-31</u>	-10
He	re	Signature	of officer		ٽ ري			Da	ate	
		 M	liche	lle XV	eintz CFO					
		Type or p	rint name an	d title		-				
		Ti .	1 /	1/6			Date /		heck if	Preparer's identifying number (see instructions)
Pa	id		\setminus //	$I \cup I$. (,		1/2/		elf- mployed ► X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pr	e-	Preparer's signature	► Wib	hael I.	xenreider		0/26	10		N/A
	rer's	Firm's name (11.0	· · ·	enreider				1-	<u></u>
Ųs		yours if self-		B Stre		-			ın ► N/A	
Or	ııy	employed), address, and	· ——		A 93245-2604			f	. /55	59) 924-9076
N45	46 - 17	ZIP + 4				(coo instructions)		115	Phone no (55	X Yes No
_					eparer shown above?		uctions	·	TEFA01121 :000	
DΑ	A ror	Privacy ACT	anu rape	I MOIN KEUL	iction Act Notice, see	the separate mistr	activits.		TEEA0113L 12/2	:51U3 1 UITH 33U (2UU3)

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by expendication	\$	Yes ection others,	X	No
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- F			Revenue \$	Revenue \$

Form 990 (2009) SUCCESS IN RECOVERY, INC.

Part IV Checklist of Required Schedules

			res	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	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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			
•	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			:
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If 'Yes,' complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12 <i>F</i>	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14a		<u>х</u>
	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, Part II	15		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, Part III	16		Х
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	17		X
	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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		X
20	Complete Schedule G, Part III	19 20		X

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 22 Х 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 23 Х . . 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ... 24b 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? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a 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 25 a 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 ... 25b X 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 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III. 27 Х Was the organization a party to a business transation 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 Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. . 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . X 32 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

35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	х
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	36	Х
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	37	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,

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

BAA

line 1

Form 990 (2009)

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X

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12a

	n 990 (2009) SUCCESS IN RECOVERY, INC. 17-04696	26	F	age!
<u>Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable.	0		
1	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>o</u>		•
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2	a 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	0		
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	. 3a	ļ <u>.</u>	х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	-	
	a 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		х
	b If 'Yes,' enter the name of the foreign country.	14		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		••
6	a 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		х
١	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	ot 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 service provided to the payor?	7a		Х
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	''		
	Form 8282?	. 7c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
(e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
١	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h		
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			
0	holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	4		
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
	Section 501(c)(12) organizations. Enter:			
	a Gross income from other members or shareholders 11a	4		
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			_

BAA Form 990 (2009)

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

77-0469626 Form 990 (2009) SUCCESS IN RECOVERY, INC. Page 6 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.

b 2 3 4 5 6 7 a b 8 a b 9 Sect Rever 10 a b 11 11 A 12 a	Enter the nu Did any offic officer, direct Did the orga	Imber of voting members of the governing body Imber of voting members that are independent Iter, director, trustee, or key employee have a family relationship or a business retor, trustee or key employee?	1a 6 1b 6		Yes	No
b 2 3 4 5 6 7 a b 8 a b 9 Sect Rever 10 a b 11 11 A 12 a	Enter the nu Did any offic officer, direct Did the orga	mber of voting members that are independent er, director, trustee, or key employee have a family relationship or a business re	1ь 6			
2 3 4 5 6 7a b 8 a b 9 Sect Rever 10a b 11 11 A 12a	Did any office officer, direct Did the organ	er, director, trustee, or key employee have a family relationship or a business re		1	1	
3 4 5 6 7a b 8 a b 9 Sect Rever 10a b 11 11 A 12a	officer, direction Did the organ	er, director, trustee, or key employee have a family relationship or a business re		ŀ		
5 6 7a b 8 a b 9 Sect Rever 10a b 11 11 A 12a	Did the orga of officers, o	itor, trustee or key employees.	elationship with any other	2		X
5 6 7a b 8 a b 9 Sect Rever 10a b 11 11 A 12a		nization delegate control over management duties customarily performed by or i lirectors or trustees, or key employees to a management company or other persi	under the direct supervision on?	з		х
5 6 7a b 8 a b 9 Sect Rever 10a b 11 11 A 12a	Did the orga	nization make any significant changes to its organizational documents		4		X
6 7a b 8 a b 9 Sect Rever 10a b 11 11 A 12a	· ·	or Form 990 was filed?				
7a b 8 a b 9 5ect Reven 10a b 11 11 A 12a	-	nization become aware during the year of a material diversion of the organizatio	n's assets?	5		<u>X</u>
b 8 a b 9 Sect Rever 10a b 11 11 A 12a	•	panization have members or stockholders?	.]	6		X
8 a b 9 Sect Rever 10a b 11 11 A 12a	Does the org governing be	ganization have members, stockholders, or other persons who may elect one or $\cot y^2$	more members of the	7a		X
a b 9 Sect Rever 10a b 11 11 A	Are any dec	sions of the governing body subject to approval by members, stockholders, or o	ther persons?	7Ь		X
b 9 Sect Rever 10a b 11 11 A	Did the orga the following	nization contemporaneously document the meetings held or written actions unde I	ertaken during the year by			
9 Sect Rever 10a b 11 11 A	The governu	ng body?		8a	Х	
Sect Rever 10 a b 11 11 A 12 a	Each commi	ttee with authority to act on behalf of the governing body?		8ь		X
10 a b 11 11 A 12 a	organızatıon	officer, director or trustee, or key employee listed in Part VII, Section A, who ca 's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		X
10 a b 11 11 A 12 a	ion B. P	olicies (This Section B requests information about policies not i	required by the Internal			
b 11 11 A 12 a	nue Code.)					
b 11 11 A 12 a			Г		Yes	No
11 11 A 12 a	Does the org	panization have local chapters, branches, or affiliates?		10 a		<u>X</u>
11 A 12 a	If 'Yes,' doe: and branche	s the organization have written policies and procedures governing the activities of s to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 b		
12 a	_	anization provided a copy of this Form 990 to all members of its governing body	<u>-</u>	11	Х	
		Schedule O the process, if any, used by the organization to review this Form 990	o. See Schedule O			
h	-	panization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
	to conflicts?	directors or trustees, and key employees required to disclose annually interests		12b	х	
С	Does the org Schedule O	panization regularly and consistently monitor and enforce compliance with the po how this is done	licy? If 'Yes,' describe in	12 c	х	
13	Does the org	panization have a written whistleblower policy?		13	Х	
	•	panization have a written document retention and destruction policy?	. , , , , ,	14	X	
15	Did the proc persons, cor	ess for determining compensation of the following persons include a review and nparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?			
а	The organiza	ation's CEO, Executive Director, or top management official		15 a		<u>X</u>
		s of key employees of the organization		15 b		X
	If 'Yes' to lin	e 15a or 15b, describe the process in Schedule O (See instructions.)			l	
16 a	Did the orga entity during	nization invest in, contribute assets to, or participate in a joint venture or similar the year?	arrangement with a taxable	16a		X
	ın joint venti	the organization adopted a written policy or procedure requiring the organization are arrangements under applicable federal tax law, and taken steps to safeguard espect to such arrangements?	to evaluate its participation the organization's exempt	16b		
		isclosures	<u> </u>	เอม	i	
		es with which a copy of this Form 990 is required to be filed CA	· · · · · · · · · · · · · · · · · · ·			
18	Section 6104	Frequires an organization to make its Forms 1023 (or 1024 if applicable), 990, a ndicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	aılabl	e for p	oublic
[Own we					
	_	Schedule O whether (and if so, how) the organization makes its governing docur	nents, conflict of interest poli	cy, an	nd fina	ncıal
20 ►		available to the public.	•			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees'
- 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.

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

(A)	(B)	(c)						(D)	(E)	(F)				
Name and Title	Average hours		tion (chec	k all t	hat app		Reportable compensation from	Reportable	Estimated amount of other				
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations				
MARIE FOCHA														
President	1 1							0.	0.	0.				
CAROL McNABB														
Treasurer	1							0.	0.	0.				
ROBERT HAMLIN														
Vice President	1		l		ļ			0.	0.	0.				
FREDDY FERNANDEZ														
Director	0			L.				0.	0.	0.				
CORNY VanGRONINGEN										_ -				
Secretary	_ 1		L					0.	0.	0.				
JOHN DUTTON	<u> </u>													
Director	0							0.	0.	0.				
DONALD K WEINTZ]													
PROGRAM MGR	50					Х		76,951.	0.	0.				
MICHELLE WEINTZ]													
CEO	50		_			X		55,797.	0.	<u> </u>				
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Part VII Section A. Officers, Directors, Trus	tees, r	ley	En			es,	an		npensated Er					
(A)	(B)			-	c)			(D)	(E)		(F)			
Name and Title	Average hours per week			(check Officer	_	1		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	n ns	Estimat amount of compensa	other stion		
	nours per week	rvidual trustee director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)	(W-2/1099-MISC)		from th organiza and rela organizat	tion ited		
												-		
1 b Total							•	132,748.	().		0.		
2 Total number of individuals (including but not limited	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in repo	ortable	e comper			
from the organization 0											Yes	. No.		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of re-	ndıvıdua	1	٠.					· : .			3	X		
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	nan \$15	0,00	02	lf 'Y	es'	com	plet	e Schedule J for s	such ··		4	X		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atıoı <i>for</i>	n fro	m a h pe	ny erso	unre n .	late	d organization for	services		5	X		
Section B. Independent Contractors									4100.000 (
 Complete this table for your five highest compensation from the organization. 	ea inaei	oenc	ient	con	itrac	tors	tha	t received more th	nan \$100,000 of					
(A) Name and business address	5							(B) Description o	f Services	Co	(C) empensati	on		
	-													
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıt	ed l	to th	ose	list	ed a	bove) who receive	ed more than					

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
TS	1a Federated campaigns. 1a				
RAN	b Membership dues 1b				
S, G	c Fundraising events 1c				
FE	d Related organizations 1d				
NS, (e Government grants (contributions)				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above. 1f 8, 684.				
FE	g Noncash contribns included in lns 1a-1f: \$				
8 4	h Total. Add lines 1a-1f	8,684.			
Ä	Business Code				
EVE	2a AFDC-FOSTER CARE PROGRAM	775,035.	775,035.		
Ä	b SCHOOL LUNCH PROGRAM	22,215.	22,215.		
-SVIC	c CLOTHING ALLOWANCES	1,368.	1,368.		
SEI	d_OTHER_INCOME	557.	557.		
RAM	e_REFUNDS/MISC	17.	17.		
õ	f All other program service revenue				
	g Total. Add lines 2a-2f ▶	799,192.			
	3 Investment income (including dividends, interest and other similar amounts)	1 140			1 140
	· · · · · · · · · · · · · · · · · · ·	1,148.			1,148.
	4 Income from investment of tax-exempt bond proceeds 5 Royalties		-		
	5 Royalties			<u> </u>	
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses .				
	c Gain or (loss) .	· · · · · · · · · · · · · · · · · · ·			
	d Net gain or (loss).				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
2	of contributions reported on line 1c)				
2	See Part IV, line 18 a 245.				
풀	b Less direct expenses b 50.				
١	c Net income or (loss) from fundraising events	195.	195.		
	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		3		
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory .				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue				
1	e Total. Add lines 11a-11d	_			
	12 Total revenue. See instructions .	809,219.	799,387.	0.	1,148.

Part IX Statement of Functional Expenses

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

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

Do	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		584,159.	488,658.	95,501.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes	41,063.	37,122.	3,941.	
11	Fees for services (non-employees)				
i	Management				·
ı	Legal .				
•	Accounting	6,190.		6,190.	
•	Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
1	Investment management fees				
9	g Other				
12	Advertising and promotion .	268.		268.	
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel	11,249.	6,634.	4,615.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings [
20	Interest	20,009.	20,009.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,027.	17,027.		
23	Insurance	7,955.	7,955.		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
ā	FOOD & KITCHEN	28,800.	28,800.		
t	CHILD_RELATED	18,387.	18,387.		<u> </u>
•	UTILITIES	11,729.	9,927.	1,802.	
	BUILDING AND OFFICE RENT	7,645.		7,645.	
•	UTILITIES - PHONE	7,453.	4,953.	2,500.	
	All other expenses.	22,713.	21,038.	1,675.	
	Total functional expenses. Add lines 1 through 24f.	784,647.	660,510.	124,137.	0.
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation				Form 990 (2009)
	•				1 UHH JJU (2003)

Balance Sheet

(A) Beginning of year (B) End of year 45,984 139,457. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 65,819. 2 Pledges and grants receivable, net 3 67,658. 4 Accounts receivable, net 75,656. 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 8,630. 9 Prepaid expenses and deferred charges 9 6,866. 10a Land, buildings, and equipment cost or other basis 10a 364,805 Complete Part VI of Schedule D **b** Less accumulated depreciation. 10b 84,674 288,988. 280,131. 10 c 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 3,000. 14 3,000. 15 Other assets. See Part IV, line 11 15 480,079. 16 505,110. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 31,812. 44,021. Accounts payable and accrued expenses 17 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 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. 295,452. 23 286,991 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 327,264. 26 331,012. Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets. 152,815. 27 174,098. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 152,815. 33 174,098 480,079. 34 Total liabilities and net assets/fund balances. 34 505,110 BAA Form 990 (2009)

Form 990 (2009) SUCCESS IN RECOVERY, INC.	77-0469626	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		T	
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?.	28	1	X
b Were the organization's financial statements audited by an independent accountant?	21	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	X	
If the organization changed either its oversight process or selection process during the tax year, explair in Schedule O.	1		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year well consolidated basis, separate basis, or both:	re issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis		ļ	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single . 3a	 	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the organization why in Schadula O and describe any store to undergo such audits.	he required audit		

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

		IN RECOVE									46962			
Parl	t I Re	eason for P	ublic	Charity Statu	is (All organizations	must (comple	ete this	part.) See ı	nstruct	ions		
The c	organiza	tion is not a p	rıvate	foundation becau	use it is: (For lines 1 thro	ough 11,	check c	only one	box)					
1	A c	hurch, conven	tion o	f churches or ass	sociation of churches des	scribed in	sectio	n 170(b)	(1)(A)(()).				
2	A s	chool describe	ed in s	section 170(b)(1)(A)(ii). (Attach Schedule	E)								
3	ΠAh	ospital or coop	perati	ve hospital servic	e organization described	d in secti	on 170(b)(1)(A)	(iii).					
4	∏ A n	nedical resear	ch org	janization operate	ed in conjunction with a	hospital	describe	ed in se	ction 17	'0(b)(1)(A	A)(iii). Er	nter the ho	spital's	s
		ne, city, and s											•	
5	An 170	organization o (b)(1)(A)(iv).	perat (Com	ed for the benefit plete Part II.)	of a college or universit	ty owned	or oper	ated by	a gove	rnmenta	I unit de	scribed in	sectio	n .
6 7	X An	organization ti	hat no	al government or ormally receives a (vi). (Complete P	governmental unit descr a substantial part of its s Part II)	ribed in s upport fr	ection of a go	1 70(b)(1 overnme)(A)(v). Intal uni	it or fron	n the ge	neral public	c desc	rıbed
8					170(b)(1)(A)(vi). (Comple	ete Part I	11.5							
9	□ An o	organization tha	at norr	mally receives. (1)	more than 33-1/3 % of its	support t	rom con	tributions	s. memb	ershin fe	es, and	oross receir	nts	
	fron	n activities relates estment incom	ted to ie and	its exempt function I unrelated busine	ns – subject to certain exc ess taxable income (less complete Part III.)	ceptions, :	and (2) r	no more	than 33-	1/3 % of	its suppl	ort from gro	SS	after
10					exclusively to test for p	ublic saf	etv See	section	1 509(a)	(4).				
11	ΠAn	organization o	roani	zed and operated	exclusively for the bene described in section 509 zation and complete line	efit of to	perform	the fur	otions i	of for ca	rry out tl 509(a)(3	he purpose 3). Check t	s of or he box	ne or that
	a	Type I		b Type II	c ☐ Type I	II – Fund	ctionally	integra	ted		d 🗍	Type III-	Other	•
е	— thar	— checking this l n foundation n (a)(2)	box, l nanag	certify that the or ers and other tha	rganization is not contro in one or more publicly s	lled directions	tly or in d organi	directly zations	by one describ	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ns oth ection	ner
f	If th		rece	ived a written det	termination from the IRS	that is a	Type I	, Type I	l or Typ	e III sup	porting (organizatio	n,	. 🗆
g	Sine	ce August 17,	2006,	has the organiza	ation accepted any gift of	or contrib	ution fr	om any	of the f	ollowing	persons	s?		
													Yes	No
	(i)	a person whe	no dire Jovern	ectly or indirectly ning body of the s	controls, either alone or supported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
	(ii)	a family me	mber	of a person desc	cribed in (i) above?							11g (ii)		
	(iii)	a 35% contr	olled	entity of a persor	n described in (i) or (ii) a	above?						11 g (iii)		
h	Pro	vide the follow	ıng ır	formation about	the supported organizati	ons								
	(i) Nam Oi	ie of Supported rganization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the non in cold in your rning ment?	the organ	rou notify lization in (i) of upport?	(vi) I organizati (i) organi: U S	s the ion in col zed in the 5 ?	(vii) Amour	nt of Sup	port
						Yes	No	Yes	No	Yes	No			
			<u> </u>											
						}								
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		· ·	+											
			1	·····										
Total														

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). 9,964 13,985 10,623 15,493 8,684 58,749. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ... 0. 9,964 10,623. 13,985 15,493 8,684 58,749. Total. Add lines 1-through 3 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 0. shown on line 11, column (f) Public support. Subtract line 5 from line 4 58,749. Section B. Total Support Calendar year (or fiscal year (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total beginning in) 9,964 10,623 13,985 15,493 58,749. 7 Amounts from line 4... 8,684 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 337 1,038 564 645 1,148 3,732. similar sources . Net income from unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 through 10 62,481. 3,724,623. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 94.0% 15 Public support percentage from 2008 Schedule A, Part II, line 14 95.8% 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

BAA

purpose ... 3 Gross receipts from activities that are not an unrelated trade or business under section 513 ...

that is related to the organization's tax-exempt

- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, 3 received from disqualified persons.
- **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.
- c Add lines 7a and 7b
- **8 Public support** (Subtract line 7c from line 6.)

S	ec	ti	on	В.	T	ota	1	S	u	D	pc	rt	

	(a) 2005	(b) 2006	(c) 2007	(a) 2008	(e) 2009	(t) lotal
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 ins 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	i Public Supi	port Percentage
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Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).
- 19a 33-1/3 support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .
 - **b 33-1/3 support tests 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is 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

17

18

%

%

Schedule	A (Form 990 o	r 990-EZ) 2009	SUCCESS	IN RE	COVERY,	INC.		77-0469626	Page 4
Part IV	Suppleme Part II, Im	ental Informa e 17a or 17b	ation. Compl o; and Part II	ete this I, lıne 1	part to p 2. Provid	rovide le any	the explanations other additional i	required by Part II, line nformation. See instruc	e 10; tions.
				-		_			
								· 	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions <u> 2009</u>

OMB No 1545-0047

Open to Public Inspection

Name of the organization

COURDY THE

Employer Identification number

SU	CCESS IN RECOVERY, INC.			77-0469626
Pa		r Advised Funds or Othe	er Similar Funds or Acc	
	the organization answered 'Yes'	to Form 990, Part IV, line	9 6.	·
		(a) Donor advised	funds (b) F	unds 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 do funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben-	the benefit of the donor or don	ng that grant funds may be nor advisor or for any other	∏Yes ∏No
Dar		1440	owarad Waal ta Farm Of	
	t II Conservation Easements Compl			90, Part IV, line 7.
'	Purpose(s) of conservation easements held b		_ `` ``	
	Preservation of land for public use (e.g.,	recreation or pleasure)	Preservation of an historic	• •
	Protection of natural habitat	Į.	Preservation of certified hi	storic structure
2	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	ion neid a qualified conservation	on contribution in the form of	a conservation easement on the
				Held at the End of the Year
á	Total number of conservation easements		. 2a	
ł	Total acreage restricted by conservation ease	ments	. 2b	
(Number of conservation easements on a certi	fied historic structure included	ın (a). 2c	
(Number of conservation easements included in	in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified,	transferred, released, extingui	shed, or terminated by the or	ganization during the tax
	year ►		·	· ·
4	Number of states where property subject to co	onservation easement is locate	ed ►	
5	Does the organization have a written policy re	garding the periodic monitoring	g, inspection, handling of viol	lations,
_	and enforcement of the conservation easeme	nt it holds?		☐ Yes ☐ No
0	Staff and volunteer hours devoted to monitori during the year	ng, inspecting, and emorcing d	conservation easements	
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conse	ervation easements \$ _	
8	Does each conservation easement reported o	n line 2(d) above satisfy the re	quirements of section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? .	••		Yes No
9	In Part XIV, describe how the organization report: include, if applicable, the text of the footnote conservation easements.	s conservation easements in its r to the organization's financial s	evenue and expense statement statements that describes the	, and balance sheet, and organization's accounting for
Pai	t III Organizations Maintaining Colle	ections of Art, Historical	Treasures, or Other Sin	nilar Assets
	Complete if the organization ans	wered 'Yes' to Form 990,	, Part IV, line 8.	
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or res	search in furtherance of public	nce sheet works of art, historical c service, provide, in Part XIV,
t	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its rev lic exhibition, education, or res	venue statement and balance search in furtherance of public	sheet works of art, historical service, provide the following
		, line 1		►\$
	(i) Revenues included in Form 990, Part VIII,(ii) Assets included in Form 990, Part X.	• • • • • • •		► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe	r sımılar assets for fınancıal ç	gain, provide the following
ā	Revenues included in Form 990, Part VIII, line	•		. ► \$
	Assets included in Form 990. Part X.		·	►S.

Schedule D (Form 990) 2009 SUCCE				77-046			Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	o <u>rical Treasures, o</u>	r Other Similar Ass	ets (con	<u>tınue</u>	<u>∍d)</u>
3 Using the organization's acquisitionity items (check all that apply)	on accession and			that are a significant us	e of its col	lectio	n
a Public exhibition		_	or exchange programs				
b Scholarly research		e [] Other					
c Preservation for future gener							
Provide a description of the organization		•			se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	maintained as part	of the organization's co	llection?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemen unt on Form 9	ts Complete if o	organization answei 21.	red 'Yes' to Form 9	90, Part	IV, li	ine
1a Is the organization an agent, trus included on Form 990, Part X?.		•		ner assets not	Yes]No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ıng table:				
					Amount		
c Beginning balance .			•	1c	 		
d Additions during the year		•		1 d			
e Distributions during the year		•	•	1 e			
f Ending balance	•			1f			
2a Did the organization include an a		990, Part X, line 21?	?	•	Yes	L	No
b If 'Yes,' explain the arrangement			10/ 11 5 00	NO D 1 11 1 10			
Part V Endowment Funds Co					Т		
	(a) Current year	(b) Prior yea	r (c) Two years back	k (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	-	balance held as					
a Board designated or quasi-endov	vment >						
b Permanent endowment ▶							
c Term endowment ►	^{&}						
3a Are there endowment funds not a organization by:	in the possession	of the organization	that are held and admi	nistered for the	r +	'es	No
(i) unrelated organizations		•			3a(i)	ightharpoonup	
(ii) related organizations		•			3a(ii)		
b If 'Yes' to 3a(II), are the related of	•	•			3b		
4 Describe in Part XIV the intended							
Part VI Investments—Land, B				· · · · · · · · · · · · · · · · · · ·			
Description of investment	(a)	Cost or other basis (investment)	basis (other)	(c) Accumulated Depreciation	(d) Boo		
1a Land			72,988.				<u>988.</u>
b Buildings			249,705.		2		705.
c Leasehold improvements			7,250.				250.
d Equipment			34,862.	84,674.		·49,	<u>812.</u>
e Other	<u> </u>						
Total, Add lines 1a through 1e (Column	ın (d) must equal	Form 990, Part X of	column (B), line 10(c))	►	2	280.	131.

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Schedule ${\bf D}$ (Form 990) 2009

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Part VII	Investments-Other Securities See F	orm 9 <u>90, Part X, lın</u>	ne 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ation ket value
Financial o	derivatives			
0.11	eld equity interests			
Other				
				
	(h) must soud Form 000 Part V sal (P) ins 12)			
	Investments—Program Related (See	Form 990 Part X I	ine 13) N/A	
T GIT TIII	(a) Description of investment type	(b) Book value	(c) Method of valua	ation
	(a) Description of investment type	(3) 2001. 12.20	Cost or end-of-year man	ket value
				
		+		
		 		
		 		
	mn (b) must equal Form 990, Part X, Col. (B) line 13)			
Part IX	<u> </u>			I
	(a) D	escription		(b) Book value
				
				<u> </u>
	<u> </u>			
		<u> </u>		
		** ***		
		·		
	olumn (b) must equal Form 990, Part X, col (B),		<u> </u>	
Part X	Other Liabilities (See Form 990, Part			
Codoral In	(a) Description of Liability	(b) Amount	 	
redelal III	icome raxes		 	
		·		
		-		
			\dashv	
				
Total. (Colu	mm (b) must equal Form 990, Part X, col. (B) line 25)	1 .1.1.1.1	- La Carana de la Carana de Maria de Maria	a avaanirationis I sk II
2. FIN 48 for uncert	Footnote. In Part XIV, provide the text of the foo ain tax positions under FIN 48.	otnote to the organization	n's financial statements that reports th	e organization's liability

Schedule D (Form 990) 2009 SUCCESS IN RECOVERY, INC.

77-0469626

Page 3

Sche	edule D (Form 990) 2009 SUCCESS IN RECOVERY, INC.	77-0469626	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		809,219.
2	Total expenses (Form 990, Part IX, column (A), line 25)		784,647.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		24,572.
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) See Part XIV	,	-3,290.
9	Total adjustments (net) Add lines 4 through 8		-3,290.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		21,282.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	. 1	809,219.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
á	Net unrealized gains on investments 2a		
t	Donated services and use of facilities . 2b		
(: Recoveries of prior year grants.		
	Other (Describe in Part XIV) . 2d		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	809,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
ā	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	. 4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	809,219.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	784,647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses	 	
	Other (Describe in Part XIV)	 	
	Add lines 2a through 2d	2e	
₹`	Subtract line 2e from line 1	3	784,647.
Δ	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	
٦,	Investments expenses not included on Form 990, Part VIII, line 7b		
_	Other (Describe in Part XIV) 4b		
	Add loss do sad dh	4c	
	Table services Add less 2 and 4. Other result served Serve 200. Book Line 19.)	5	784,647.
	t XIV Supplemental Information		704,047.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the mation	rt IV, lines 1b and 2 is part to provide a	2b; Part V, ny additional
			- -
- -			

Schedule D	(Form 990) 2009	SUCCESS IN	RECOVERY, IN	C.		77-0469626	Page 5
Part XIV	Supplementa	Information (d	continued)				
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Schedule **D** (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Employer identification number Name of the organization 77-0469626 SUCCESS IN RECOVERY, INC. Form 990, Part VI, Line 11 - Form 990 Review Process The Governing Board reviews the 990 for accuracy prior to filing.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
SUCCESS IN RECOVERY, INC.	77-0469626
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2009	Schedule D, Part XIV - Supp	lemental Information	Page 6
	SUCCESS IN RECOV	ERY, INC.	77-0469626
Schedule D, Part XI, Line 8 Other Changes In Net Assets Or Fund Balances			
	IOD ADJUSTMENT		-3,290. -3,290.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Department of the Internal Revenue	Treasury Service		► File a separate application for each re	turn.			
If you are	filing for an	Automatic 3-Month	Extension, complete only Part I and check to	this box	► X		
	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)						
	lete Part II ur	<i>less</i> you have alrea	dy been granted an automatic 3-month exter	nsion on a previously fi	ed Form 8868		
Part I	Automatic	3-Month Extens	ion of Time. Only submit original (no	o copies needed).			
	•		requesting an automatic 6-month extension				
All other corp income tax re		luding 1120-C filers)	, partnerships, REMICS, and trusts must use	Form 7004 to request	an extension of time to file -		
returns noted the additional Form 990-T. I	below (6 mo not automa (not automa) Instead, you	inths for a corporation itic) 3-month extens must submit the full	ectronically file Form 8868 if you want a 3-m on required to file Form 990-1). However, you ion or (2) you file Forms 990-BL, 6069, or 88 y completed and signed page 2 (Part II) of Fo e-file for Charities & Nonprofits	u cannot file Form 8868 370 group returns, or a	electronically if (1) you want composite or consolidated		
	Name of Exempt	Organization			Employer identification number		
Type or print							
.		IN RECOVERY,			77-0469626		
File by the due date for			If a P O box, see instructions				
filing your return See instructions	PO BOX 2		e For a foreign address, see instructions				
	-	CA 93279	e i or a loreign address, see insudenons				
Check type o			te application for each return):				
X Form 990		illed (ille a separa	Form 990-T (corporation)	Form 472)		
Form 990		-	Form 990-T (section 401(a) or 408(a) trust	—			
Form 990		F	Form 990-T (trust other than above)	Form 606	•		
Form 990	-PF	-	Form 1041-A	Form 887)		
Telephone If the orga If this is for check this	No ► <u>559</u> anization doe or a Group R	-635-4780 s not have an office eturn, enter the organisms. If it is for part of the	FAX No. ► 559-924- or place of business in the United States, chanization's four digit Group Exemption Numb the group, check this box ► and attach a	heck this box per (GEN) If t			
		 	ns for a corporation required to file Form 990)-T) extension of time			
until _ The ext ► X ►	8/15ension is for calendar yea tax year begi	_, 20 <u>10</u> _, to file the organization's re r 20 <u>09</u> _ or	the exempt organization return for the organ	nization named above.			
2 If this ta	ax year is for	less than 12 month	s, check reason: Initial return	Final return Ct	nange in accounting period		
		for Form 990-BL, 99 s. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentation	ve tax, less any	3a \$ 0.		
b If this a made. I	pplication is f nclude any p	for Form 990-PF or rior year overpayme	990-T, enter any refundable credits and estin nt allowed as a credit	mated tax payments	3ы\$ 0.		
deposit	e Due. Subtra with FTD cou tructions .	oct line 3b from line upon or, if required,	3a. Include your payment with this form, or, iby using EFTPS (Electronic Federal Tax Pay	ıf required, ment System).	3c \$ 0.		
Caution. If yo payment inst	ou are going fructions.	to make an electron	ic fund withdrawal with this Form 8868, see F	Form 8453-EO and Form	n 8879-EO for		
BAA For Pri	vacy Act and	Paperwork Reduct	on Act Notice, see instructions.		Form 8868 (Rev. 4-2009)		