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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)

Open to Public.

OMB No 1545-0047

Department of the Treasury

ay have to use a copy of this return to satisfy state reporting requirements

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		e 2009.cal		_					_		nd end	ling				
		reck if applicable use IRS label or Doing Business As													ntification num	ber
ڀ ′	Address	change		Do	ing Busines	ss As							75-242526	<u>5</u>		
יַּעַ	Name ch	nange	print or type.	Nu	mber and s	treet (or PO bo	ox if mail is	s not deliver	ed to street	address)	Roon	n/surte	E Telephon	e nui	mber	
י∟	nitial ret	tum	See	P. O.	BOX 13	1466							800-447-28	<u> 391</u>		
∐¹	Terminat	ted	Specific Instruc-	Cit	y or town, s	tate or country,	and ZIP +	4							-	
	Amende	d return	tions.	TYLE	<u>:</u> R				TX	7571	13		G Gross rec	eipts	\$	1,334,60
	Application	on pending	F N	lame a	nd addres	s of principal	officer:			<u></u>	T _F	i(a) is ti	his a group reti	um fo	or affiliates?	Yes X No
			BEVED	I V KI	INE 1040	02 FM 16 W		IE TY	75771				all affiliates in			Yes No
						•		7		7						
		mpt status				◆ (insert no.)	<u> </u>	4947(a)(1) or	527		11 1	No, attach a ii	SL (S	ee instructions)	
JV	Vebsite	e: ▶ WW	W.LIVA	LT.OF	≀G					•		I(c) Gro	up exemption	num	ber 🕨	
K F	orm of o	organization	Χc	rporatio	n ∏⊤	rust Asso	ciation	Other	•	L	Year o	f format	ion 1992	.	M State of legal	l domicile. TX
Р	art l	Sur	nmary													
	1			the or		n's mission	or most	significa	nt activiti	es PRO	VIDE	CHILI	ADOPTIO	N	CRISIS PRE	GNANCY
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<u>U</u>	4					members of								<u></u>	4	
Ş	5	Total nui	mber of	emplo	yees (Pa	art V, line 2a)							Ŀ	5	32
Ź	6	Total nui	mber of	volunt	leers (est	timate if nec	essary)							L	3	34
Z	7a	Total gro	ss unre	lated t	business	revenue fro	m Part \	VIII, colur	nn (C), li	ne 12				7	а	-2,552
SCANNED	b	_				income from								7	b	-2,552
		_								-			Prior Year		Cur	rent Year
9	8	Contribu	tions an	d arar	nts (Part \	VIII. line 1h)							93	2,6	18	788,778
والم	9										8,08		403,325			
_ €	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								5,7		2,037				
geograph 30	11		ner revenue (Party) (CA), lines 5, 6d, 8c, 9c, 10c, and 11e)								1,12		48,627			
	12															
2010						11-(must equ							1,46			1,242,767
0	13	Grants a	nasimii	MWN.	1.7.20	id (Parti)X, c	Diumin (A), lines	1-3)		-		42	6,40	30	483,655
	14	Benefits	pato to	OII TOF I	members	(Part) co	olumn (A	(), line 4)		· · · ·	'\ -		4 7	2 5	<u>U</u>	470.000
8	15	Salanes,	other c	ther compensation, employee benefits (Part IX			Part IX, c	K, column (A), lines 5–10)			172		2,5		179,999	
)SI	16a	Profession	onal fund	draising-fees (Part IX, column (A), line 11e)		,	0		(
Expenses	b	Total fun	draising	rexpe	nses (Pa	rt-IX-columi	n (D), lin	ie 25) 🕨		14,	157					高い原本性を
w	17					ın (A), lines					<u> </u>			7,84		675,230
	18	•				7 (must equ			. ,.	•	<u> </u>		1,24			1,338,884
	19	Revenue	less ex	pense	s. Subtra	act line 18 fr	om line	<u> 12</u>	<u> </u>				220	0,80	05	-96,117
Net Assets or Fund Balances											L	3eginni	ng of Current	Yea	r End	d of Year
sets alan	20	Total ass	sets (Pai	rt X, lir	ne 16) .						L		2,142	2,59	94	2,199,266
A B	21	Total liab	oilities (P	art X,	line 26)								53	1,57	71	684,360
\$ 5	22	Net asse	ts or fur	nd bala	ances. Si	ubtract line 2	21 from	line 20 .					1,61	1,02	23	1,514,906
	rt II	Sign	nature	Block												
						that I have exa	mined this	return, ind	uding accor	mpanying sch	redules	and sta	tements, and to	o the	best of my know	wledge
		and be	elief,,it is tr	rue, corr	ect, and cor	mplete Declara	tion of pre	parer (other	than officer	r) is based on	all info	rmation	of which prepa	arer I	has any knowled	lge 🔼
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Př	art III Stateme	ent of Program Service	e Accompnanincha		
1	Briefly describe the	organization's mission:		3	
•			ISIS PREGNANCY SUPPORT AND	MOTHERS HOME INSTRUC	TION OF LIFE
			<u>/OLVED IN UNPLANNED PREGNA</u>		
	•		• • • • • • • • • • • • • • • • • • • •		
2	Did the organization	undertake anv significa	nt program services during the year	which were not listed on	
_					Yes X No
		ese new services on Sch			
3	Did the organization	ı cease conducting, or m	ake significant changes in how it cor	nducts, any program	
	services?				Yes X No
	If "Yes " describe th	ese changes on Schedu	e O	_	
4	•	•	for each of the organization's three	largest program services by evi	nancae
-			s and section 4947(a)(1) trusts are r		
					grants and
	allocations to others	, the total expenses, and	I revenue, if any, for each program s	егуісе геропеа.	
4a	(Code:) (Expenses \$	701,024 including grants of \$	483.655) (Revenue \$	0)
		LICENSED BY THE ST	ATE THAT DOOMNED		
	HOUSING, CONTIN	IUED EDUCATION, DEV	ELOPMENT OF LIFE SKILLS		
	& DECISION MAKI	IG AND PROVIDES FOR	R TRANSPORTATION TO		
	MEDICAL CARE FO	OR PREGNANT WOMEN	. THESE SERVICES ARE		
	OFFERED FREE O	F CHARGE TO ANY GIF	L REGARDLESS OF RACE OR		
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4.	(0.1	\ /E	07 700 1 1 11	0 \ (D	^ \
4b			27,780 including grants of \$		
4b	CRISIS PREGANAI	ICY ASSISTANCE CEN	TERS OFFER FREE TESTING		
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	CRISIS PREGANAI FOR PREGNANCY SEXUAL ABSTINEI	ICY ASSISTANCE CEN PRENATAL DEVELOP! ICE EDUCATION.	TERS OFFER FREE TESTING MENT INFORMATION, AND		
	CRISIS PREGANAI FOR PREGNANCY SEXUAL ABSTINEI (Code:	PRENATAL DEVELOP! NCE EDUCATION.) (Expenses \$	MENT INFORMATION, AND 85,766 including grants of \$	0) (Revenue \$	62,228)
	CRISIS PREGANAI FOR PREGNANCY SEXUAL ABSTINEI (Code:	PRENATAL DEVELOP! NCE EDUCATION.) (Expenses \$	MENT INFORMATION, AND 85,766 including grants of \$	0) (Revenue \$	62,228)
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4c	CRISIS PREGANAI FOR PREGNANCY SEXUAL ABSTINES (Code: ADOPTION AGENC UNPLANNED PREC DECISION.	CY ASSISTANCE CEN PRENATAL DEVELOP! ICE EDUCATION.) (Expenses \$ Y WORKS ALONGSIDE BNANCY WHO WISH TO	### RESTING ### RESTING ####################################	0) (Revenue \$	62,228)
4c	CRISIS PREGANAI FOR PREGNANCY SEXUAL ABSTINE! (Code: ADOPTION AGENO UNPLANNED PREC DECISION. Other program servi	PRENATAL DEVELOP! ICE EDUCATION. (Expenses \$ Y WORKS ALONGSIDE ENANCY WHO WISH TO	### RESTING ### RESTING ####################################	0) (Revenue \$	62,228)
4c	CRISIS PREGANAI FOR PREGNANCY SEXUAL ABSTINE! (Code: ADOPTION AGENO UNPLANNED PREC DECISION. Other program servi	CES. (Describe in Schedu 252,840 including	### RESTING ### RESTING ####################################	0) (Revenue \$	62,228)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1.	İ	
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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	ļ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	١.		١.,
_	complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			<u> </u>
	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		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			ĺ
	VII, VIII, IX, or X as applicable	11	in templi	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1. P. M.	1 Fg.	
_	Schedule D, Part VI.	*	3	- F4 21 0
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	+ 1		
	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		3 8	ر بر از د
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		•	4 17
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		3. 4	372
	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.	;		8.4
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that		\$ 1.48	1969
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		14 . 14 1 . 14	多次
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\$, 4
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No		1 2.4	14:30
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	42		**************************************
13	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,	140		
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, 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	47		v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		^	
13	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) LIVING ALTERNATIVES, INC. Part IV Chacklist of Required Schedules (continued)

	ਰ ≔ •		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		ĺ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	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, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_ <u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	i l		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ŀ	v
	If "Yes," complete Schedule L, Part III	27	3 3 g	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		,	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-+	<u>X</u>
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	205		v
_	Schedule L, Part IV	28b		<u> </u>
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	200		v
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule w Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30	\dashv	
J 1	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 		^
~~	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, IV, and V, line 1	34		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			_
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (2009)

Form 9	90 (2009) LIVING ALTERNATIVES, INC.	75-2425265	J	Page
Par	t V Statements, Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			18 July 18 Jul
	U.S. Information Returns. Enter -0- if not applicable	21		23
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	200		12.60
_	gaming (gambling) winnings to prize winners?	· · 1c	t # > 1:30	158 12
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 .	32 3 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	85.00
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
0-	instructions)		200	18.0
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		والمنتخب والمنتز	200
	this return?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b	<u>X</u>	<u> </u>
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			1
	account)?	4-		v
b	If "Yes," enter the name of the foreign country:	· 4a	 	X
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		3	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		* 33.4	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	. 35		^
	Prohibited Tax Shelter Transaction?	5c	1	
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	· '		
	gifts were not tax deductible?	6ь	l	
7	Organizations that may receive deductible contributions under section 170(c).	1 701	7 (°	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	, ,	. 1	
	and services provided to the payor?	. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		Χ
	If "Yes," indicate the number of Forms 8282 filed during the year		1349	3000
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			6 ° 18
	benefit contract?	7e		<u>X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	. 7h	X	
	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	<u>-</u> -		
	organization, have excess business holdings at any time during the year?	. 8		3*3
	Sponsoring organizations maintaining donor advised funds.	-		٠٠
	Did the organization make any taxable distributions under section 4966?			
	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b		
	Initiation fees and capital contributions included on Part VIII, line 12		l	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		.	•
	Section 501(c)(12) organizations. Enter:	\dashv \mid	-,	-
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	$\dashv : \bot$		•
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	,	
_==	Table			ننن

Form 990 (2009) LIVING ALTERNATIVES, INC. 75-2425265 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . 4 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . b Did the organization contemporaneously document the meetings held or written actions undertaken during R the year by the following: 8a 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Х b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 100 100 35 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13........ 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Х Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 14 14 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? The organization's CEO, Executive Director, or top management official.

	the organization's exempt status with respect to such arrangements?	
Sec	tion C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed ► TX	_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	Own website Another's website X Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	
	organization: ► MICHAL REED 903-581-2891	

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

P. O. BOX 131466, TYLER, TX 75713

16a

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compo	ensate any curre	ent of	fice	r, d	irec	ctor, o	r tn	ustee.		
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week					Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BEVERLY KLINE PRES	40.	Х		x				800	0	0
FRAN PARIS V/P	0.5	Х		Х				0	0	0
STAN RICHARDSON DIR	40	Х						0	0	0
JOHN ALLEGRETTO SEC/TREASURER	40.	Х		Х				0	0	. 0
CAROL MORGAN DIR	40.	Х						0	0	0
ELAINE ALLEGRETTO DIR	20.	Х						0	0	0
LINDA GARCI OFFICE PERSONNEL	40.				х			16,970	0	0
DAWN NELSON OFFICE PERSONNEL	40.				х			12,330	0	0
KEITH JONES OFFICE PERSONNEL	40.				x	х		19,869	0	0
SANDRA PARK OFFICE PERSONNEL	40.				x			15,460	0	0
BRITTINI ROBINS OFFICE PERSONNEL	40.				х			6,165	0	0

	irt VII Section A. Officers, Directors, Tro (A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average					hat ap		Reportable	Report		Estimate	
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rel organiza (W-2/1099	lated ations	amount other compensa from the organizate and relat organizate	ation e con
										l			
<u>1b</u>	Total							>	71,594		이		
2	Total number of individuals (including but no reportable compensation from the organization)		e list	ed a	bove 0	e) wh	o red	ceive	ed more than \$1	00,000 in			
3	Did the organization list any former officer, of employee on line 1a? If "Yes," complete Sch			•	•			_	•		3	, , , , , , , , , , , , , , , , , , ,	No
4	For any individual listed on line 1a, is the su the organization and related organizations g individual	m of reportable reater than \$15	com	pens 0? <i>If</i>	atior "Yes	and 6, " <i>c</i> o	d othe	er co ete S	ompensation from	m	4	.,	X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye	ccrue compens	ation	fron	n any	uni	elate	ed or	ganization for				X
Sec	tion B. Independent Contractors	, compicio ci			701 (<u> </u>			<u> </u>
1	Complete this table for your five highest comcompensation from the organization.	npensated indep	ende	ent c	ontra	acto	s tha	t red	ceived more that	n \$100,00)0 of		
	(A) Name and business a	ddress							(B) Description of serv	ices	Corr	(C) pensation	
							[0
									_				0
													0 0
		<u> </u>					_						0
2	Total number of independent contractors (in- more than \$100,000 in compensation from the			d to	thos	e lis	led a	bove	e) who received]r -1 - 1 a	

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).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the U.S. See Part IV, line 21	357,097	357,097									
2	Grants and other assistance to individuals in			多、海、南小鄉	(2) 第一等。							
	the U.S. See Part IV, line 22	o										
3	Grants and other assistance to governments,			14個1個1個1個1								
	organizations, and individuals outside the											
	U.S. See Part IV, lines 15 and 16	126,558	126,558									
4	Benefits paid to or for members	0		"一个"。	(4)(1) (4) (数(数)							
5	Compensation of current officers, directors,											
	trustees, and key employees	0										
6	Compensation not included above, to disqualified				-							
	persons (as defined under section 4958(f)(1)) and		ı									
	persons described in section 4958(c)(3)(B)	165,548	163,331	2,217								
7	Other salaries and wages	0			_							
8	Pension plan contributions (include section 401(k)											
	and section 403(b) employer contributions)	0										
9	Other employee benefits [0										
10	Payroll taxes	14,451	13,857	594								
11	Fees for services (non-employees):											
а	Management	0										
b	Legal	0										
C	Accounting	3,295		3,295								
d	Lobbying	0										
е	Professional fundraising services. See Part IV, line 17	0 -		, ,								
f	Investment management fees	0		_								
g	Other	35,192	35,192									
12	Advertising and promotion	11,841	7,900	3,941								
13	Office expenses	14,157			14,157							
14	Information technology	0										
15	Royalties	0										
16	Occupancy	231,845	98,638	133,207								
17	Travel	24,964	5,384	19,580								
18	Payments of travel or entertainment expenses	_1										
	for any federal, state, or local public officials	0										
19	Conferences, conventions, and meetings	8,022	3,548	4,474								
20	Interest	40,420	29,041	11,379								
21	Payments to affiliates	0	04.005	40.000								
22	Depreciation, depletion, and amortization	77,313	64,325	12,988	0							
23	Insurance	35,652	21,136	14,516								
24	Other expenses. Itemize expenses not		- '		1							
	covered above. (Expenses grouped together			`								
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		r* t	32 N 3	`							
_	· · · · · · · · · · · · · · · · · · ·	10,021	8,818	1,203								
a	CHILD CARE	29,111	15,073	14,038	 							
b	VEHICLES EXPENSES SUPPLIES AND FOOD EXPENSES	106,400	84,458	21,942								
C	•••••	29,111	15,073	14,038								
d	TRANSPORTATION BAD DEBT	17,886	18,568	-682								
e f	All other expenses	0	10,500	-002								
2E	Total functional expenses. Add lines 1 through 24f	1,338,884	1,067,997	256,730	14,157							
25		1,000,004	1,007,397	230,730	14,137							
26	Joint costs. Check here ►X if following											
	SOP 98-2. Complete this line only if the organization		j									
	reported in column (B) joint costs from a combined		!									
	educational campaign and fundraising		ļ									
	solicitation				Form 990 (2009)							

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 245,652 1 124,829 2 Savings and temporary cash investments 203,831 190,566 3 O 3 4 39,367 5.736 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 8 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or | 10a | other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 576.846 1,623,376 **10c** 1.843.950 11 0 11 Investments—other securities. See Part IV, line 11 ol 12 12 13 Investments—program-related. See Part IV, line 11 0 13 0 14 14 0 30,368 15 15 34,185 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,142,594 16 2,199,266 61,743 17 17 57,856 18 18 19 19 920 ol 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key 22 111 employees, highest compensated employees, and disqualified 0 22 469.828 23 Secured mortgages and notes payable to unrelated third parties . . . 23 625,584 24 24 Unsecured notes and loans payable to unrelated third parties 0. 25 0 25 26 531,571 26 684,360 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,611,023 27 1,494,906 28 28 20,000 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 1,611,023 33 1,514,906 2,142,594 34 2,199,266

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3b

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.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 75-2425265 LIVING ALTERNATIVES, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated Type III-Other Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) Provide the following information about the supported organization(s) (vi) Is the (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (I) Name of supported (ii) EIN (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization governing document? above or IRC section col (i) of your (I) organized in the (see instructions)) support? U S.? Yes No Yes Yes 0

	(Complete only if you checked	the box on line	e 5, 7, or 8 of	Part I.)	(•) (• •) • • • • • • • • • • • • •		()					
Section A. Public Support												
	ndar year (or`fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and					l						
	membership fees received. (Do not											
	include any "unusual grants.")	o	0				0					
2	Tax revenues levied for the organization's											
	benefit and either paid to or expended on											
	its behalf	l ol	0				0					
3	The value of services or facilities											
	furnished by a governmental unit to the											
	organization without charge	lo	0				0					
4	Total. Add lines 1 through 3	0	0	0	0	0	0					
5	The portion of total contributions by each		8 6 7	15. 1 E	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	" sina with						
	person (other than a governmental unit	1			1 2 mag 1							
	or publicly supported organization)				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1. 2. 1.						
	included on line 1 that exceeds 2% of the		in the fresh of			7 200						
	amount shown on line 11, column (f)		, , ,	: <i>B</i> ,								
6	Public support. Subtract line 5 from line 4.	,	1 2 7	-		,	0					
	ion B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
7	Amounts from line 4	l ol	0	o	0	0	0					
8	Gross income from interest, dividends,				-							
	payments received on securities loans,											
	rents, royalties and income from similar	l i				ŀ						
	sources	0	0				0					
9	Net income from unrelated business	ĺ			•	ľ						
	activities, whether or not the business is						_					
	regularly carried on	ļ					0					
10	Other income. Do not include gain or											
	loss from the sale of capital assets	ا					0					
44	(Explain in Part IV.)	0	0				0					
11	Total support. Add lines 7 through 10.	L loc instructions	·- ,			12						
12	Gross receipts from related activities, etc. (s						\(2)					
13	First five years. If the Form 990 is for the o					a section 501(c)(3) []					
	organization, check this box and stop here		· · · · · ·		• • • • • •		· · ·					
	ion C. Computation of Public Support				-							
14	Public support percentage for 2009 (line 6, o		•			14	0.00%					
15	Public support percentage from 2008 Scheo					15	0.00%					
16a	33 1/3% support test-2009. If the organiza											
	and stop here. The organization qualifies as		-									
b	33 1/3% support test-2008. If the organiza											
	box and stop here. The organization qualifie											
17a	10%-facts-and-circumstances test-2009.											
	or more, and if the organization meets the "f				•							
	the organization meets the "facts-and-circum		_	-								
b	10%-facts-and-circumstances test-2008.	-										
	or more, and if the organization meets the "f											
	the organization meets the "facts-and-circum	nstances" test.	The organizati	on qualifies as	a publicly sup	ported organiza	ition . ▶ 🔲					
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b. 1	7a ,or 17b, check	k this box and se	e instructions .	▶□					
-						-	• —					

SCHE	TUILE Y (LOUIN 890 OL 890-FE) 5008 FIAILO YELLEY	NATIVES, INC.				13-242320	<u>u</u> Page v
Par	t III Support Schedule for Organi			ion 509(a)(2)	,		
	(Complete only if you checked	the box on line	9 of Part I.)				
	tion A. Public Support	1 ()0005	(1) 0000	4 > 0007	4.0.000	(-) 0000	(D. T.)
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	622 420	E70 00E	950 240	022 649	700 770	2 776 020
	include any "unusual grants.")	623,439	572,885	859,219	932,618	788,7 <u>7</u> 8	3,776,939
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			ľ			
	organization's tax-exempt purpose	429,156	390,664	495,449	529,205	526,703	2,371,177
3	Gross receipts from activities that are not an					323,.33	
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	ا ا	0				O
5	The value of services or facilities	 					
	furnished by a governmental unit to the						
	organization without charge	0	0				0
6	Total. Add lines 1 through 5	1,052,595	963,549	1,354,668	1,461,823	1,315,481	6,148,116
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					ľ	O
	• •	 					
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	o	Ö
8	Public support (Subtract line 7c from	4,51,615.		,	~		
	line 6.)	4.7	217 5 1 1	•			6,148,116
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,052,595	963,549	1,354,668	1,461,823	1,315,481	6,148,116
IVA	payments received on securities loans,						
	rents, royalties and income from similar						
	sources			2,180	5,737	3,584	11,501
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975					-2,552	-2,552
С	Add lines 10a and 10b	0	0	2,180	5,737	1,032	8,949
11	Net income from unrelated business						
	activities not included in line 10b,					1	
	whether or not the business is regularly	1					0
12	carried on						0
12	loss from the sale of capital assets		į				
	(Explain in Part IV.)	-14,572	-21,256			-1,547	-37,375
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,038,023	942,293	1,356,848	1,467,560	1,314,966	6,119,690
14	First five years. If the Form 990 is for the organization, check this box and stop here.						"
Saci	tion C. Computation of Public Support						
<u> </u>	Public support percentage for 2009 (line 8, co		d by line 13 co	dumn (f))		15	100.46%
16	Public support percentage from 2008 Schedu					16	100 06%
	tion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line					17	0.15%
18	Investment income percentage from 2008 Sc					18	0.14%
19a	• • • • • • • • • • • • • • • • • • • •						
h	not more than 33 1/3%, check this box and si 33 1/3% support tests-2008. If the organization d						▶ [X
U	line 18 is not more than 33 1/3%, check this box ar						▶ □
	-,			•		-	

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

Schedule A (Form	990 or 990-EZ) 2009	LIVING ALTERNA	ATIVES, INC.			75-2425265	Page 4
Part IV		Information. Cor	nplete this part		kplanations required ditional information.);
				,			
							• • • • • • •
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				•••••			· · · · · · · · ·
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Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number LIVING ALTERNATIVES, INC. 75-2425265 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award Yes No 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i e, expenditures for a program service, region agents in fundraising, program services, describe specific type of region region grants to recipients located in service(s) in region the region) 0 G 0 0 0 0 0 0 0 n 0 0 0 0

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(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FM\ appraisal, other)
	,	Europe	SUPPORT- CRISIS	126,558	WRE	0	-	
	. `;'		PREGNANCY/ ADOPTION	0		0		
				0		0	<u> </u>	
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Schedule F (Form 990) 2009

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Metho valuati (book, F apprais other
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Employer identification number

LIVIN	IG ALTERNATIVES, INC.					75-24	25265				
Par	Fundraising Activities. Co	•	-		ered "Yes" to Forr	n 990, Part IV, lin	e 17.				
1	Indicate whether the organization ra	ised funds throu	ugh any of	the follow	ing activities. Chec	k all that apply.					
а	Mail solicitations		e 🔲 S	Solicitation	of non-government	grants					
b	Internet and email solicitations	s f Solicitation of government grants									
С	Phone solicitations		=		draising events						
d	In-person solicitations		- س								
2a	Did the organization have a written of	or oral agreeme	nt with an	v individua	l (including officers	directors trustees	•				
	or key employees listed in Form 990	, Part VII) or en	tity in con	nection wit	h professional fund	raising services?	Yes X No				
D	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.										
	(i) Name 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	0	0				
					0	0	0				
					0	0	0				
_			!		0	0	0				
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					0	0	0				
					0	0	0				
Total					0	0	0				
3	List all states in which the organization or licensing.				• • • • • • • • • • • • • • • • • • • •						
					· · · · · · · · · · · · · · · · · · ·						
					• • • • • • • • • • • • • • • • • • • •						

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or remove than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1 TYLER BANQUET (event type)	(b) Event #2 4TH JULY (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))	
Revenue	1	Gross receipts Less: Charitable	39,489	11,052	119,275	169,816	
Re	3	contributions Gross income (line 1	38,758	4,717	6,921	50,396	
		minus line 2)	731	6,335	112,354	119,420	
	4	Cash prizes	0	0	2,000	2,000	
	5	Noncash prizes	0	0	0	0	
nses	6	Rent/facility costs	0	0	6,385	6,385	
Direct Expenses	7	Food and beverages .	3,485	705	4,080	8,270	
Direct	8	Entertainment	_0	0	0	0	
	9	Other direct expenses .	6,092	10,895	38,557	55,544	
	10 11					(72,199) 47,221	
Pa	rt III		if the organization answ	wered "Yes" to Form 99	0, Part IV, line 19, or re	eported more	
		than \$15,000 on Fo	rm 990-E∠, line 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
enue			(a) birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col (c))	
Revenue	1	Gross revenue	:		·	0	
ses	2	Cash prizes				0	
Expenses	3	Noncash prizes				<u> </u>	
Direct E	4	Rent/facility costs				0	
 	5	Other direct expenses .				0	
	6	Volunteer labor	Yes %	Yes% No	Yes% No		
	7	Direct expense summary.	Add lines 2 through 5 in o	column (d)		(0)	
	8	Net gaming income summ	ary. Combine line 1, colu	mn d, and line 7	<u> </u>	0	
9	Er	nter the state(s) in which the	e organization operates g	aming activities:		Yes No	
a		the organization licensed to "No," explain:	operate gaming activitie	s in each of these states?	·	. 9a	
		ere any of the organization' "Yes," explain:	s gaming licenses revoke	ed, suspended or terminat	ed during the tax year?	10a	
					••••		
11		pes the organization operate					
12		the organization a grantor,		a trust or a member of a p	artnership or other entity	12	

Schedule G (Form 990 or 990-EZ) 2009 Yes 13 Indicate the percentage of gaming activity operated in: 13a 13b Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ -----15a Does the organization have a contract with a third party from whom the organization receives gaming b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ _____. c If "Yes," enter name and address of the third party: Name ▶ Gaming manager information: Name • Gaming manager compensation ► \$ _____0 Description of services provided Independent contractor Director/officer **Employee** Mandatory distributions: 17 a Is the organization required under state law to make charitable distributions from the gaming proceeds to 17a b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

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

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Attach to Form 990.

Inspection Name of the organization **Employer identification number** LIVING ALTERNATIVES, INC. 75-2425265 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part II Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1 (a) Name and address of organization (f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (a) Description of (h) Purpose of grant (book, FMV, appraisal, or government if applicable assistance non-cash assistance or assistance other) YOUTH WITH A MISSION P O BOX 3000 GARDEN VALLEY 23-7136015 501C3 324,352 PROGRAM SUPPORT

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistar
	0	0	0		
	0	0	0		
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	o	0	0		
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Supplemental Information. Com	plete this part to provid	de the information		<u> </u>	onal information.
		•			
		••••••			
		•		•••••	

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

75-242<u>5265</u>

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method re	(d) of deter		g
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		16. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16					
5	Clothing and household							
•	goods							
6	Cars and other vehicles	X	1	4 635	BLUE BOO	K VAI	LIF	
7	Boats and planes		•	4,000	BEOL BOO	/\ V /\\		
8	Intellectual property							
	Securities—Publicly traded .							
9								
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous .							
13	Qualified conservation				l			
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial .	_						
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()		0	0				
26	Other ► ()		0	0				
27	Other ► ()		0	0				
28	Other ▶ ()		o	0				
							-	
29	Number of Forms 8283 received	-						^
	which the organization complete	a Form 84	283, Part IV, Donee Acknow	leagement	29		/ 1	<u>0</u>
	5	4:		and a second of the Dead I lines of		- '	/es	No
30 a	During the year, did the organiza				-20	-	I	٠.
	that it must hold for at least three	•				-		
_	required to be used for exempt p	•	• •		3	Da		X
	If "Yes," describe the arrangeme							İ
31	Does the organization have a gif							
	contributions?				<u> 3</u>	1		<u> </u>
32 a	Does the organization hire or us	=				_	ļ	
	noncash contributions?				3	2a	\rightarrow	<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization did not report	revenues	in column (c) for a type of p	roperty for which column (a)	is .			, (a) (a)
	checked, describe in Part II.				1	I '		₹ !

LIVING ALTERNATIVES, INC.

75-2425265

Schedule M (Fo	pm-990) 2009 Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
••••••	
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SCHEDULE O (Form 990) ·

Supplemental Information to Form 990

OMB No. 1545-0047 Open to Public

Internal Revenue Service

LIVING ALTERNATIVES, INC.

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

Inspection Employer identification number

75-2425265

Department of the Treasury ► Attach to Form 990. Name of the organization

Form 990, Part III, Line 4d: Program Service Expenses: 241,537, Grants and allocations: 0,
Revenue: 341,097 KING'S TREASURE STORE IS A RESALE STORE THAT SELLS DONATED ITEMS THAT HAVE
BEEN RECONDITIONED TO BE SOLD AT AFFORDABLE PRICES WHICH SUPPORTS THE OPERATIONS OF THE
STORE, CRISS PREGNANCY AND MANAGEMENT EXPENSES
Form 990, Part III, Line 4d: Program Service Expenses: 8,090, Grants and allocations: 0,
Revenue: 0 BUILDING BLOCKS IS A MENTORING PROGRAM FOR YOUNG WOMEN IN UNPLANNED PREGNANCIES.
LIFE SKILLS AND PARENTING CLASSES ARE TAUGHT ALLOWING THE YOUNG WOMEN TO EARN CREDIT POINTS
TOWARD THE PURCHASE OF BABY CLOTHING SMALL FURNITURE, AND BABY CARE ITEMS.
Form 990, Part III, Line 4d: Program Service Expenses: 1,607, Grants and allocations: 0,
Revenue: 0 KEEPS BOUTIQUE IS A PROGRAM DIRECTED TO GIRLS IN FOSTER CARE IN THE EAST TEXAS
AREA. GIRLS ARE INVITED TO SELECT CLOTHING AND ACCESSOREIS, FREE OF CHARGE, WITH THE GOAL OF
AFFIRMING EACH GIRL'S VALUE AND HOPES THAT THEY WILL LEAVE KNOWING THEY ARE APPRECIATED FOR
WHO THEY ARE AND THAT GOD SEES THEM WITH LOVING EYES
Form 990, Part III, Line 4d: Program Service Expenses: 1,606, Grants and allocations: 0,
Revenue: 0 SUPPORT TO OTHER NON PROFIT ORGANIZATIONS WHO PROVIDE CRISIS PREGNANCY ASSISTANCE
OR WHO ARE NON PROFIT CHARITABLE ORGANIZATIONS THAT ARE 501C3 TYPE ORGANIZATIONS
Form 990 Part VI Section B Line 11a COPY OF FORM 990 PROVIDE TO ALL BOARD MEMBERS FOR REVIEW
PRIOR TO FINAL FILING.
••••••

Li	ne 12 (990-T) - Other Income	
1	From Form 6478 - Alcohol and Cellulosic Biofuel Fuels Credit	0
	From Form 8864 - Biodiesel and Renewable Diesel Fuels Credit	
3	Bad debt recoveries	
4	Proceeds received from employer-owned life insurance contracts issued after August 17, 2006 4	
5	CELL TOWER RENT 5	9,739
6	6	
7	•	
ģ	······································	
9		
10	9 10	
11		
12	40	
13		9,739
	Total other income	0,.00
Li	ne 18 (990-T) - Interest	
1	Interest Allocation	
2	Tax Exempt Interest	
3	Prepaid Interest	
	Straddle Interest	
5	Original Issue Discount	
6	Related Party Interest	
7	Interest on certain underpayments of tax	
8	Interest allocable to the production of designated property	
9	Interest on below-market loans	
10	Interest on which no tax is imposed (section 163(j))	
11	INTEREST ON CELL TOWER LOAN 11	3,362
12		
	Total	3,362
	on (and T). Other Deductions	
	ne 28 (990-T) - Other Deductions	4.044
1	Insurance - CELL TOWER 1	1,041
	Utilities - CELL TOWER 2	3,000
	Total other deductions	4,041
4	Total deductions less expenses for offsetting credits	4,041

LIVINGALTNE LIVING ALTERNATIVES, INC.
75-2425265

Book Asset Detail 1/01/09 - 12/31/09

Page 2

FYE: 12/31/2009

Asset t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book <u>Period</u>
Group: 1	Group: BUILDINGS (continued)										
397 405 407 408 410	MOBILE HOME - SHALLS BULDING - KT NO 2 BUILDING REMODEL 1009 BAX BROWN LONG OFFICE BUILDING - KT 2	4/01/09 2/05/09 11/02/09 3/05/09 10/21/09 JILDINGS	55,239.21 65,393.38 6,000 00 9,935.27 18,912.31 1,446,321.09	0.00c 0.00c 0.00c 0.00c 0.00c	0.00 49,045.03 0.00 0.00 14,184.23 702,876.36	0.00 0.00 0.00 0.00 0.00 284,201.20	1,380.98 384.26 25.64 212.29 20.21 24,643.97	1,380 98 384.26 25.64 212.29 20.21 308,845.17	53,858.23 65,009.12 5,974.36 9,722.98 18,892.10 1,137,475.92	S/L S/L S/L	30.0 39.0 39.0 39.0 39.0
	DOILDMINGS 1,770,521.07 0.000 702,670.30 204,201.20 24,043.97 308,843.17 1,137,473.92										
Group: COMPUTERS											
217 d 264 271 272 273 274 275 d 291 292 293 303 307 d 309 310 323 324 325 326 327 328 357 368 369 370 371 371 372 374 401 402 403 412	KONICA PRINTER 8031 17" MONITOR CONTROL MONITOR CONTROL MONITOR CONTROL MONITOR COMPUTER VIDEO WALKMAN EMAC IMAC APPLE MINI MAC IMAC/SOFTWARE 15" MACBOOK PRO 13" MAC BOOK ST # 1306 HP COMPUTER ILIFE LAPTOP LAPTOP - MICHAL EMAC MONITOR 20" AIRPORTS/MONITORS ILIFE MINIMAC MZI MAC IMAC ICK 24GHZ SCHOOL COMPUTER SCHOOL COMPUTER SCHOOL COMPUTER SCHOOL COMPUTER SCHOOL COMPUTER SCHOOL COMPUTER SCHOOL COMPUTER VIEW SONIC MONITOR SCHL APPLE MACBOOK MB466LLA MAC MINI APPLE COMPUTER 15' MAC BOOK 253	2/04/03 11/06/06 2/01/06 2/01/06 2/01/06 2/01/06 1/03/06 1/25/06 7/19/06 2/08/07 11/30/07 12/31/07 1/23/07 4/16/07 4/16/07 6/25/07 12/09/07 8/21/08 4/09/08 4/09/08 4/09/08 4/09/08 1/21/09 3/31/09 11/01/09 6/29/09	2,385.00 8,028.00 415 94 325.00 325.00 487.30 1,015.00 912.51 2,341.03 1,015.53 2,748.00 2,554.71 1,234.00 549.36 1,020.00 750.00 730.00 730.00 730.00 530.00	0.00 0.00	0.00 802.80 41.59 32.25 32.50 48.73 101.50 91.25 234.11 101.55 274.80 255.00 123.40 54.94 102.00 75.00 39.99 45.00 73.00 71.79 123.77 0.00 0.00 0.00 0.00 0.00 0.00 0.00	2,385.00 3,130.92 218.37 170.77 170.63 255.82 532.88 492.75 1,229.06 441.77 1,442.70 881.55 240.63 98.88 351.90 236.25 120.00 135.00 197.10 140.00 74.26 79.50 79.50 79.50 79.50 79.50 79.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 1,445.04 74.87 58.55 58.50 87.71 182.70 164.25 421.39 182.80 494.64 229.97 222.12 98.88 183.60 135.00 72.00 81.00 131.40 129.23 222.78 106.00 106.00 106.00 106.00 106.00 106.00 106.00 106.00 106.00 15,946.83	2,385.00 4,575.96 293.24 229.13 343.53 715.58 657.00 1,650.45 624.57 1,937.34 1,111.52 462.75 197.76 535.50 371.25 192.00 216.00 328.50 269.23 297.04 185.50 185.50 185.50 185.50 185.50 185.50 185.50 185.50 185.50 185.50 185.50 185.50 185.50	0.00 3,452.04 122.70 95.68 95.68 95.87 143.77 299.42 255.51 690.63 390.96 810.66 1,443.19 771.25 351.60 484.50 378.75 207.99 234.00 401.50 448.72 940.63 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50 344.50	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0
	*Less: Dispositions and		5,954.71	0.00	356.50	3,799.43	0.00	4,212.10	1,742 61		
	Net COM	MPUTERS	32,226.90	0.00c	2,368.47	9,605 36	5,946.83	15,139.52	17,087.38		
Group:	FURNITURE AND FIXTURES										
39	CHERRY DESK	1/01/90	599.00	0.00	0.00	599.00	0.00	599.00	0.00	S/L	5.0

LIVINGALTNE LIVING ALTERNATIVES, INC. 75-2425265 Book Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book
		RNITURE AND FIXTURES (cont			TTO EXP O	Value	Depreciation	Depreciation	Liid Depi	BOOK Value	Wethou	<u>Period</u>
<u>0104</u>	<u>,, , , , , , , , , , , , , , , , , , ,</u>	INTERIOR DE L'ANTICAL DE L'ANTI	intucar								•	
115		MURPHYS FURN	6/01/98	5,709.00	0.00	571.00	5,138.00	0.00	5,138.00	571.00	S/L	5.0
143		B BEDS	6/11/98	4,604.00	0.00	460.00	4,144.00	0.00	4,144.00	460.00	S/L	5.0
148		CHAIRS AND RUGS	6/01/99	969.00	0.00	97.00	872.00	0.00	872.00	97.00		5.0
152 169	r	F H SIGN GREAT ROOM FURNITURE	6/01/99 1/31/00	1,500.00 5,465.00	0.00 0.00	150.00	1,350.00	0.00	1,350.00	150.00		10.0
171		MAIL. BOXES	3/09/00	1,405.00	0.00	0.00 0.00	5,465.00 1,405.00	0.00 0.00	5,465.00	0.00	S/L	5.0
172		GREAT ROOM FURNITURE	3/14/00	2,473.00	0 00	0.00	2,473.00	0.00	1,405.00 2,473.00	0.00 0.00	S/L S/L	5.0
175		FRAMES/CLASSROOM POSTER	5/06/00	546.00	0 00	0.00	546.00	0.00	546.00	0.00		5.0 5.0
184		FURNITURE F H BEDROOM	9/15/00	1,020.00	0.00	0.00	1,020.00	0.00	1,020.00	0.00		5.0
187	F	F H BEDROOM FURNITURE	10/18/00	1,371.00	0.00	0.00	1,371.00	0.00	1,371.00	0.00	S/L	5.0
225		MISC FURNITURE	7/21/04	1,548.00	0.00	0.00	1,367.40	180.60	1,548.00	0.00	S/L	5.0
255		CHAIR	2/05/05	450 58	0.00	45.00	317.72	81.12	398.84	51.74	S/L	5.0
256		CHAIR	2/12/05	450.58	0.00	45.00	317.72	81.12	398.84	51.74	S/L	5.0
257		LOVESEAT	2/15/05	525.89	0 00	52.59	370.75	94.66	465.41	60.48	S/L	5.0
258 259	_	SOFA	2/15/05	607.77	0.00	60.78	428.48	109.40	537.88	69.89	S/L	5.0
239		2-QUEENANNE CHAIRS PHILBECK - HUTCH	2/17/05 5/26/06	405.56	0.00	40.55	279.84	73.00	352 84	52.72	S/L	5.0
296		SIGNS	6/21/06	1,450.00 831.13	0.00 0.00	145.00 83.11	481.61 267.15	186.43	668 04	781.96		7.0
297		SOFA	7/03/06	1,499.00	0.00	149.99	481.80	106.86 192.72	374.01 674.52	457.12		7.0
298		ARMCHAIR	7/03/06	999.00	0.00	99 90	321.10	192.72	449.54	824.48 549 46	S/L S/L	7.0 7.0
299		BASSETT COCKTAIL TABLE	7/03/06	584.10	0.00	58.41	187.75	75.10	262.85	321.25	S/L S/L	7.0 7.0
300		PICTURE-RIVER AND SKY	7/03/06	403.14	0.00	80 62	115.18	46 07	161.25	241.89	S/L	7.0
301		BAR STOOLS	7/03/06	1,443.64	0.00	144 36	464.03	185.61	649.64	794.00		7.0
312		DESK	1/05/07	429.98	0.00	42 99	110.56	55.28	165 84	264.14		70
313		WORKSTATION	1/05/07	519.97	0.00	51.99	133.70	66 85	200.55	319.42	S/L	7.0
329 330		CHAIR OFFICE MAX	4/11/07	259.98	0.00	25.99	58.50	33.43	91.93	168.05	S/L	7.0
331		L ARM DESK OFFICE MAX DESK OFFICE MAX	4/11/07 4/11/07	199.99 499.98	0.00	19.99	45.00	25.71	70.71	129.28		7.0
332		HUTCH OFFICE MAX	4/11/07	359.95	0.00 0.00	49.99 35.99	112.49 80.99	64.28	176.77	323.21		7.0
333		NEW FURN MH	5/01/07	3,336 85	0.00	333.68	715.04	46.28 429.02	127.27	232.68		7.0
334		12 CHAIRS	5/16/07	1,091.40	0.00	109.14	222.18	140.32	1,144.06 362.50	2,192.79 728.90	S/L S/L	7.0
335		12 CHAIRS	5/17/07	2,351.58	0.00	235.15	478.72	302.35	781.07	1,570.51	S/L S/L	7.0 7.0
336		CHAIR	5/17/07	179.99	0.00	17.99	36.64	23.14	59.78	120.21	S/L S/L	7.0 7.0
337	6	60" WRITING DESK	4/07/07	799.00	0.00	79.00	180.00	102.86	282.86	516.14		7.0
338		LIBRARY OPEN HUTCH	4/07/07	299 00	0 00	29.90	67.27	38.44	105.71	193.29		7.0
339	Ļ	LIBRARY OPEN BASE	4/07/07	199 00	0 00	19.90	44.78	25.59	70.37	128.63	S/L	7.0
340		48" NANO HUTCH	4/04/07	399.00	0.00	39 99	89.76	51.29	141.05	257.95	S/L	7.0
341		48" NANO DESK	4/07/07	499.00	0.00	49.99	112.25	64.14	176.39	322.61	S/L	•7.0
342 343		BAROLO DISPLAY CASE TV	4/07/07	1,699.00	0.00	169.90	382.27	218.44	600.71	1,098.29	S/L	7.0
344	_	TERRYS FURNITURE	6/13/07 6/13/07	2,399.99 1,124.39	0.00 0.00	239.99 112.43	488 57 228.90	308.57	797.14	1,602.85	S/L	7.0
345		HAVERTY FURNITURE	6/13/07	858 40	0.00	85 58	174.80	144.57 110.40	373.47	750.92		7.0
346		SOFA	6/25/07	1,970.00	0.00	197.00	379.93	253.29	285.20 633.22	573.20 1,336.78		7 .0
347		CHANDELIER	7/16/07	486 00	0.00	48 60	88.53	62.49	151.02	334.98		7.0 7.0
348	(CHANDELIER	7/16/07	486.00	0.00	48.60	88.53	62.49	151.02	334.98		7.0 7.0
349		CHAIR OFFICE MAC	7/17/07	249 99	0.00	24.99	45.53	32.14	77.67	172.32		7.0
350		CHAIR OFFICE MAX	7/17/07	179.99	0.00	17.99	32.78	23.14	55.92	124 07		7.0
351		POTTERY BARN FURNITURE	7/19/07	2,813.19	0 00	281.31	512.41	361.70	874.11	1,939.08		7.0
352	(CHAIR	8/20/07	229.99	0.00	22.99	39.43	29.57	69.00	160.99	S/L	7.0

LIVINGALTNE LIVING ALTERNATIVES, INC.
75-2425265

Book Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

Asset	d t Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal	Book Prior	Book Current	Book	Book Net	Book	Book
	FURNITURE AND FIXTURES (con		Cost	<u>179 Exp</u> c	Value	Depreciation	<u>Depreciation</u>	End Depr	Book Value	Method	<u>Period</u>
360 362 363 364 365 366 376 377 378 379 381 382 383	DISPLAY CASE GEOMETRIC ARMLESS CHAIR GEOMETRIC ARMLESS CHAIR SOFA 5 X 8 RUG POTTERY BARN RETURN DESK - SAMS RUG CHAIR & OTTOMAN SOFA POTTERY BARN SOFA POTTERY BARN RUG MH BED MH BED MH	6/24/08 2/14/08 2/14/08 2/14/08 6/20/08 12/01/08 6/25/08 1/09/08 6/23/08 6/23/08 6/25/08 2/26/08	675.00 399.96 399.96 694.06 349.00 1,082 64 989.10 1,852.92 2,071.40 2,071.39 328.22 535.25 535.25	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	67.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	43.39 52.38 52.38 90.89 24.93 7.72 70.65 264.70 147.96 147.96 23.44 63.72	86.79 57.14 57.14 99.15 49.86 154.66 141.30 264.70 295.91 295.91 46.89 76.46	130.18 109.52 109.52 190.04 74.79 162.38 211.95 529.40 443.87 70.33 140.18	544.82 290.44 290.44 504.02 274.21 920.26 777.15 1,323.52 1,627.53 1,627.52 257.89 395.07	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0
384 385 387 388 389 390 392 393 394 395	DRESSER MH DRESSER MH 2 WOOD TRIM CHAIRS 2 BEDS SAMS CLUB FURNITURE WEIRS MICROWAVE ROCKING CHAIRS DESK FOR OFFICE 2 DRWR FILE CABINET LABOR TO HANG CABINETS FURNITURE AND F	2/26/08 2/26/08 2/17/09 4/17/09 5/01/09 7/30/09 11/03/09 11/20/09 4/20/09 11/03/09	465.25 465 25 550.48 1,422.22 898.00 549.99 604.97 1,952.00 699.00 1,750.00	0.00 0.00 0.00c 0.00c 0.00c 0.00c 0.00c 0.00c 0.00c 0.00c 0.00c	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 4,741.87	63.72 55.39 55.39 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	76.46 66.46 66.46 65.53 135.45 85.52 32.74 14.40 23.24 66.57 41.67	140.18 121.85 121.85 65.53 135.45 85.52 32.74 14.40 23.24 66.57 41.67	395.07 343.40 343.40 484.95 1,286.77 812.48 517.25 590.57 1,928.76 632.43 1,708.33	S/L S/L S/L S/L S/L S/L S/L S/L S/L	7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0
290 359	POOL CARPET	6/16/06 1/02/08 VEMENTS	127,062.96 2,400 00 129,462.96	0.00 0.00 0.00c	12,706.29 240.00 12,946 29	14,294.58 308.57 14,603.15	5,717.83 308.57 6,026 40	20,012.41 617.14 20,629.55	107,050.55 1,782.86 108,833.41	S/L S/L	20.0 7.0
Group:	LAND										
47 73 146 227 269 316 404	LAND - HWY 110 BAXTER HOUSE LAND LOVING OFFICE LAND LAND NEW MEXICO LAND - KINGS TREASURE LAND - 1009 BAXTER LAND - KT NO 2	3/22/93 2/26/96 6/01/99 8/01/04 8/24/06 9/07/07 2/05/09 LAND	72,212.42 12,319.00 15,831.00 39,870.00 156,081.37 16,400.00 39,750.00 352,463.79	0.00 0.00 0.00 0.00 0.00 0.00 0.00c	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	72,212.42 12,319.00 15,831.00 39,870.00 156,081.37 16,400.00 39,750.00 352,463.79	Land Land Land Land Land	0.0 0.0 0.0 0.0 0.0 0.0 -0.0
Group:	<u>LANDSCAPING</u>										
154 176 204	GRASS & SOD GRAVEL AND ROADS AEROBIC DESIGN	6/01/99 5/09/00 3/28/02	1,952.00 11,097.00 3,000.00	0.00 0.00 0.00	195.00 0.00 0.00	1,757.00 3,206.60 2,025.00	0.00 369.90 300.00	1,757.00 3,576.50 2,325.00	195.00 7,520.50 675.00	S/L	10.0 30.0 10.0
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LIVINGALTNE LIVING ALTERNATIVES, INC. 75-2425265 Book Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

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Asset t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period	
	LANDSCAPING (continued)								Dook value	Motriod	<u>r criou</u>	
		0/13/00	2 200 60	2.22	2.22							
358	LANDSCAPING	2/13/08	2,300.60	0.00	0.00	54.07	58 99	113.06	2,187.54	S/L	39.0	
	L	ANDSCAPING _:	18,349.60	0.00c	195.00	7,042.67	728.89	7,771.56	10,578.04		•	
Group:	Group: MACHINERY & EQUIP											
		1/01/04	# 4 # OO	• • •								
3 d 54	A/V SYSTEM ALARM SYSTEM	1/01/84 11/24/93	545.00 2,500.00	0.00 0.00	55.00 0.00	490.00 2,500.00	0.00 0.00	490.00 2,500.00	55.00 0.00	S/L S/L	5.0	
65	SAMS AIR COMPRESSOR	10/21/95	220.00	0.00	0.00	220.00	0.00	2,300.00	0.00		5.0 5.0	
67 d		11/28/95	220.00	0.00	0.00	220.00	0.00	220.00	0.00		5.0 5.0	
75	3 OVENS	3/06/96	3,705.00	0.00	371.00	3,334.00	0.00	3,334.00	371.00		5.0	
78	COMPUTER	5/17/96	1,996.00	0.00	200.00	1,796.00	0.00	1,796.00	200.00		5.0	
88	TABLE SAW	2/25/97	179.00	0.00	18.00	161.00	0.00	161.00	18 00	S/L	5.0	
90	SHOW TOPPERS	5/05/97	3,354.00	0.00	335 00	3,019.00	0 00	3,019.00	335 00		5.0	
93	SHOW TOPPERS	6/04/97	1,194 00	0.00	119.00	1,075.00	0 00	1,075.00	119.00		5.0	
132 133	ICE MACHINE 2 STAGE PUMP	6/01/98 6/01/98	1,825.00 1,357.00	0.00	183.00	1,642.00	0.00	1,642.00	183.00		5.0	
137	5 MECHINICAL DOLLS	6/01/98	1,337.00	0.00 0.00	136.00 121.00	1,221.00 1,089.00	0.00 0.00	1,221.00	136.00		5.0	
139	HPGMP LASERJET PUMP	6/01/98	1,003.00	0.00	100.00	903.00	0.00	1,089.00 903.00	121.00 100.00		5.0 5.0	
144	FUSON TRAILER IMPROVE		7,500.00	0.00	750.00	2,250.00	225.00	2,475.00	5,025.00	S/L S/L	30.0 30.0	
177	RIDING LAWNMOWER	5/31/00	7,199.00	0.00	0.00	7,199.00	0.00	7,199.00	0.00	S/L	5.0	
181	LAPTOP DIRECTOR OFFICE		3,967.00	0.00	0.00	3,967.00	0.00	3,967.00	0.00		5 0	
197	2 TON AC UNIT	6/04/01	1,100.00	0.00	0.00	1,100.00	0 00	1,100.00	0.00		5.0	
198	COMPUTER EQUIPMENT	6/07/01	2,100.00	0.00	0.00	2,100.00	0.00	2,100.00	0.00		5.0	
199 230	COMPUTER PROJECTOR	11/09/01	1,159.00	0.00	0.00	1,159.00	0.00	1,159.00	0 00	S/L	5.0	
237	IMAC COMPUTER	1/12/05 8/01/05	1,036.98 1,825.04	0.00 0.00	103.69	746.64	186.65	933.29	103.69	S/L	5.0	
241	WHIRPOOL WASHER	4/05/05	1,345.00	0.00	182.50 134.50	1,122.41 907.88	328.51 242.10	1,450.92 1,149.98	374.12		5.0	
242	WHIRPOOL WASHER	4/05/05	1,345.00	0.00	134.50	907.88	242.10	1,149.98	195.02 195.02	S/L S/L	5.0 5.0	
243	WHIRPOOL DRYER	4/05/05	1,099.00	0.00	109.90	741.83	197.82	939.65	159.35	3/L S/I	5.0 5.0	
244	WHIRLPOOL DRYER	4/05/05	1,099.00	0.00	109.90	741.83	197.82	939 65	159.35		5.0	
245	PROJECTOR	5/11/05	5,025.70	0.00	502.57	3,316.97	904.63	4,221.60	804.10		5.0	
246	SHIMADZU ULTRASOUND	5/13/05	22,150.00	0.00	2,215.00	14,619.00	3,987.00	18,606.00	3,544.00	S/L	5.0	
249	I BOOK COMPUTER	6/08/05	1,419.18	0.00	141.91	915.36	255.45	1,170.81	248.37		5.0	
250 251	PROJECTOR CASE I BOOK (jf) 14"	6/15/05 8/10/05	219.00	0.00	21.90	141.26	39.42	180.68	38.32		5.0	
252	TIGER MAC	9/01/05	1,541.48 1,089.66	0.00 0.00	154.14 108.96	948.02	277.47	1,225.49	315.99		5.0	
253	DISHWASHER	5/06/05	350.00	0.00	35.00	653.80 231.00	196.14 63.00	849.94 294.00	239.72		5.0	
254	SURROUND SYSTEM/SPEAL		1,500.00	0.00	150.00	990.00	270.00	1,260 00	56.00 240.00		د5.0 5.0	
276	CHAIN SAW	8/01/06	403.47	0.00	40.34	125.37	51.88	177.25	226.22		7.0	
277	GAS STOVE	12/18/06	332.00	0.00	33 20	85 38	42.69	128.07	203.93	S/L	7.0 7.0	
280	MICROWAVE	6/01/06	335.00	0.00	33.50	111.27	43.07	154.34	180.66		- 7.0	
281	DISHWASHER	6/01/06	995.00	0.00	99.50	330.49	127.93	458.42	536.58	S/L	7.0	
282 283	APPLIANCES - DONS	6/01/06	3,085.13	0.00	308 51	1,024 71	396.66	1,421.37	1,663.76	S/L	7.0	
283 284	VENT HOOD REFRIGERATOR	6/01/06 6/01/06	325.00 2,000.00	0 00 0 00	32.50	107 96	41.79	149.75	175.25	S/L	7.0	
285	GAS FRYER	6/01/06	1,725.00	0.00	200.00 172.50	664.28 572.96	257.14	921.42	1,078.58		7.0	
286	COOKTOP/GRIDDLE	6/01/06	4,624.00	0.00	462.40	1,535 82	221.79 594.51	794.75 2,130.33	930.25 2,493.67		7.0	
287	STAINLESS TABLE	6/01/06	875.00	0.00	87.50	290.63	112.50	403.13	2,493.67 471.87		7.0 7.0	
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LIVINGALTNE LIVING ALTERNATIVES, INC.
75-2425265

Book Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

Asset	d Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
	MACHINERY & EQUIP (continue					<u> </u>	<u></u>		DOOK Value	· ·	<u>r criod</u>
289 295 302 304 306 311 314 317 320 386 398 399 400 409	POOL FENCE MIXER PHONE SYSTEM	6/15/06 6/05/06 6/14/06 6/28/06 12/07/07 12/06/07 4/09/07 2/21/07 12/06/07 2/05/09 5/18/09	2,087.00 330.00 1,925.00 7,700.00 2,445.00 19,120.00 394.98 708 93 1,099 00 80,000 00 11,300.00 1,024.00 902.61 595.84	0 00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	208.70 33.00 192.50 770.00 244.50 1,912.00 39.49 70.89 109.90 0.00 0.00 0.00	693.19 109.61 895.13 2,475.00 476.77 1,242.80 88.87 167.11 153.07 0.00 0.00 0.00	268.33 42.43 346.50 412.50 440.10 1,147.20 50.78 91.15 141.30 4,888.89 941.67 85.33 21.49 7.09	961.52 152.04 1,241.63 2,887.50 916.87 2,390.00 139.65 258.26 294.37 4,888.89 941.67 85.33 21.49	1,125.48 177.96 683.37 4,812.50 1,528.13 16,730.00 255.33 450.67 804.63 75,111.11 10,358.33 938.67 881.12 588.75	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	7.0 7.0 5.0 7.0 5.0 15.0 7.0 7.0 15.0 7.0 7.0 7.0
411	DISHWASHER ELECTRICAL	10/21/09	2,295 73	0.00c	0.00	0.00	54.66	54.66	2,241.07		7.0 7.0
	MACHINER *Less: Dispositions a		230,005.73 8,465.00	0.00c 0.00	11,543.40 825.00	73,579.30 3,185.00	18,442.49 0.00	92,021.79 3,597.50	137,983.94 4,867.50		
	Net MACHINER	Y & EQUIP	221,540.73	0.00c	10,718.40	70,394.30	18,442.49	88,424.29	133,116 44		
Group:	OFFICE EQUIPMENT										
318 319 321 356 375	PROJECTOR SYSTEM VIDEO PROJECTOR VOICE MAIL SYSTEM SECURITY CAMERA ANSI LUMEN PROJECTOR	4/16/07 9/16/07 2/16/07 1/24/08 2/04/08	1,198.05 944.96 1,460.00 1,567.21 1,997.99	0.00 0.00 0.00 0.00 0.00	119.80 94.49 146.00 156.72 0.00	256.73 151.87 481.80 184.71 261.64	154.04 121.50 262.80 201.50 285.43	410.77 273.37 744.60 386.21 547.07	787.28 671.59 715.40 1,181.00 1,450.92	S/L S/L S/L	7.0 7.0 5.0 7.0 7.0
	OFFICE EC	QUIPMENT	7,168.21	0.00c	517.01	1,336.75	1,025.27	2,362.02	4,806.19		
Groun:	PHONES										
											
229	PHONES	1/01/05	4,619.28	0.00	461.93	3,325.88	831.47	4,157.35	461.93	S/L	5.0
		PHONES	4,619.28	0.00c	461.93	3,325.88	831.47	4,157.35	461.93		
Group:	SIGN										
228 238 265 266	SIGN PHC MARQUE SIGN - KT SIGN - KT	9/20/04 8/12/05 6/14/06 11/03/06 SIGN	4,320.00 3,055.50 1,200.00 10,295.66 18,871.16	0.00 0.00 0.00 0.00 0.00c	432.00 305.55 120.00 1,029 57 1,887.12	3,369.60 1,879.13 558.00 4,015.31 9,822.04	518.40 549.99 216.00 1,853.22 3,137.61	3,888.00 2,429.12 774.00 5,868.53 12,959.65	432.00 626.38 426.00 4,427.13 5,911.51	S/L S/L	5.0 5.0 5.0 5.0 5.0
Group:	SOFTWARE										
236 308	SOFTWARE SOFTWARE FOR MAC	8/01/05 4/01/07	733.95 864.95	0.00 0.00	0.00 0.00	501.53 302.73	146.79 172.99	648.32 475.72	85.63 389.23		5.0 5.0

LIVINGALTNE LIVING ALTERNATIVES, INC.
75-2425265

Book Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

Asset 1	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group:	SOFTWARE (continued)									•	
	:	SOFTWARE	1,598 90	0.00c	0.00	804.26	319.78	1,124.04	474.86		•
Group:	Group: VEHICLES										
107 186 190 208 d 213 214 231 261 267 270 353 354 355 361 406	1997 TOYOTA CAMRY FLATBED TRAILER 2 GOLF CARTS 91 CHEV SUBURBAN 91 RANGER TRAILER 2002 TOYOTA SIENNA VAN BOX TRUCK 1988 FORD F 250 SIGN ON TRUCK 92 VOLVO GL 240 4DR SEDAN 2007 TOYOTO COROLLA 2007 TOYOTA COROLLA 1996 TARUS 1992 CHEV TRUCK GM4 2000 SUBURBAN=ROGERS	5/01/98 10/13/00 12/20/00 6/10/02 8/20/02 11/07/02 4/19/05 6/10/05 9/28/06 N 4/12/06 4/17/07 4/17/07 9/12/07 7/31/08 2/03/09	10,886.00 870.00 3,715.00 7,375.00 11,251.00 18,907.00 6,800.00 7,309.00 1,179.75 2,800.00 15,024.19 16,474.79 1,480.00 4,720.00 4,635.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,083.00 130.00 371.50 737.50 1,125.10 1,890.70 680.00 1,309.00 117.98 280.00 1,502.41 1,647.48 148.00 460.00	9,803.00 740.00 3,343.50 6,637.50 10,125.90 13,613.04 4,488.00 4,300.00 477.79 1,386.00 4,507.26 4,942.43 355.20 355.00 0.00	0.00 0 00 0.00 0.00 0.00 3,403.26 1,224.00 1,200.00 212.35 504.00 2,704.36 2,965.46 266.40 852.00 849.75	9,803.00 740.00 3,343.50 6,637.50 10,125.90 17,016.30 5,712.00 5,500.00 690.14 1,890.00 7,211.62 7,907.89 621.60 1,207.00 849.75	1,083.00 130.00 371.50 737.50 1,125.10 1,890.70 1,088.00 1,809.00 489.61 910.00 7,812.57 8,566.90 858.40 3,513.00 3,785.25	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0
	*Less: Dispositions a	VEHICLES and Transfers t VEHICLES	113,426.73 7,375 00 106,051.73	0.00c 0.00 0.00c	11,482.67 737.50 10,745.17	65,074.62 6,637.50 58,437.12	14,181.58 0.00 14,181.58	79,256.20 6,637.50 72,618.70	34,170.53 737.50 33,433.03	5/2	5.0
							- 1,101.00	72,010.70	33,133.03		
	Less: Dispositions a	Grand Total and Transfers	2,442,591.37 21,794.71	0.00c 0.00	749,376.62 1,919.00	509,092.37 13,621.93	82,201.61 0.00	591,293.98 14,447.10	1,851,297.39 7,347.61		
	Net	Grand Total	2,420,796.66	0.00c	747,457.62	495,470.44	82,201.61	576,846.88	1,843,949.78		

LIVINGALTNE LIVING ALTERNATIVES, INC. 75-2425265 Book Current Year Disposals

FYE: 12/31/2009 *

Asset	Property Description	Disposal Date	Disposal Method	Book Cost/Basis	Gross Proceeds	Expense of Sale	Unrecovered Book Cost	Book Gain/Loss
Group:	COMPUTERS							
275	POWERBOOK G4 COMPUTER VIDEO WALKMAN 15" MACBOOK PRO	12/31/09 12/31/09 6/28/09	Sold Sold Sold OMPUTERS	2,385.00 1,015.00 2,554.71 5,954.71	0.00 0.00 300.00 300.00	0.00 0.00 0.00 0.00	0.00 299.42 1,443.19 1,742.61	0.00 -299.42 -1,143.19
	MA CHIPIPPY & POUR		JNIF U I ERS	3,734.71	300.00	0.00	1,742.01	-1,442 61
Group:	MACHINERY & EQUIP							
67 I	A/V SYSTEM DICTAPHONE TRACTOR-MONTANA ZERO	12/31/09 12/31/09 5/19/09	Sold Sold Sold	545.00 220.00 7,700.00	0.00 0.00 5,000 00	0.00 0.00 0.00	55.00 0.00 4,812.50	-55.00 0.00 187.50
		MACHINER	Y & EQUIP	8,465.00	5,000.00	0.00	4,867.50	132.50
Group:	VEHICLES							
208 9	91 CHEV SUBURBAN	7/01/09	Sold	7,375.00	500.00	0.00	737.50	-237.50
			VEHICLES	7,375.00	500 00	0.00	737.50	-237.50
		ı	Grand Total	21,794.71	5,800.00	0.00	7,347 61	-1,547.61

LIVING ALTERNATIVES, INC. 75-2425265 DEPRECIATION ELECTION

THE ORGANIZATION ELECTS TO USE STRAIGHT LINE DEPRECIATION UNDER IRC SEC 168(b)(3)(D) FOR BOTH BOOK AND TAX COMPUTATIONS FOR THE FOLLOWING CLASS OF ASSETS:

5 YEAR

7 YEAR

15 YEAR

39 YEAR