



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010**Open to Public Inspection****A For the 2010 calendar year, or tax year beginning**, and ending**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **LIVING ALTERNATIVES, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

P. O. BOX 131466

City or town, state or country, and ZIP + 4

TYLER

TX

75713

F Name and address of principal officer

BEVERLY KLINE 19402 FM 16 W, LINDALE, TX 75771

D Employer identification number

75-2425265

E Telephone number

800-447-2891

G Gross receipts \$ **1,472,346****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW LIVALT ORG**H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1992****M** State of legal domicile **TX****Part I Summary**

1 Briefly describe the organization's mission or most significant activities: **PROVIDE CHILD ADOPTION, CRISIS PREGNANCY SUPPORT AND MOTHERS HOME. INSTRUCTION OF LIFE SKILLS TO YOUNG WOMEN AND MEN IN UNPLANNED PREGNANCIES. OPERATION OF THRIFT STORE TO PROVIDE EMPLOYMENT TO PEOPLE IN NEED AND FOR SUPPORT FOR SERVICE PROGRAMS.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **6****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **6****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **44****6** Total number of volunteers (estimate if necessary)**6** **36****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **-4,344****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **-4,344****8** Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
788,778	779,501
403,325	537,762
2,037	3,257
48,627	38,412
1,242,767	1,358,932
483,655	412,203
0	0
179,999	243,697
0	0
675,230	653,926
1,338,884	1,309,826
-96,117	49,106
2,199,266	2,182,876
684,360	618,864
1,514,906	1,564,012

9 Program service revenue (Part VIII, line 2g)

403,325 537,762

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

2,037 3,257

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

48,627 38,412

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,242,767 1,358,932

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

483,655 412,203

14 Benefits paid to or for members (Part IX, column (A), line 4)

0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

179,999 243,697

16a Professional fundraising fees (Part IX, column (A), line 11e)

0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶ **12,512****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

675,230 653,926

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

1,338,884 1,309,826

19 Revenue less expenses. Subtract line 18 from line 12

-96,117 49,106

20 Total assets (Part X, line 16)

Beginning of Current Year	End of Year
2,199,266	2,182,876
684,360	618,864
1,514,906	1,564,012

21 Total liabilities (Part X, line 26)

684,360 618,864

22 Net assets or fund balances. Subtract line 21 from line 20

1,514,906 1,564,012

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

J MICHAEL JOHNSON

9/1/2011

P01212286

Firm's name ▶ J. MICHAEL JOHNSON, P C

Firm's EIN ▶ 26-3934569

Firm's address ▶ 1820 SHILOH RD STE 1501, TYLER, TX 75703

Phone no (903) 581-1688

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2010)

12 617

Part III**Statement of Program Service Accomplishments**

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

☒ X

- 1** Briefly describe the organization's mission:
 PROVIDE CHILD ADOPTION AGENCY, CRISIS PREGNANCY SUPPORT AND MOTHERS HOME. INSTRUCTION OF
 LIFE SKILLS TO YOUNG WOMEN AND MEN INVOLVED IN UNPLANNED PREGNANCIES
-
- 2** Did the organization undertake any significant program services during the year which were not listed on
 the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program
 services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
 allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 221,431 including grants of \$ 0) (Revenue \$ 0)
 MATERNITY HOME LICENSED BY THE STATE THAT PROVIDES HOUSING, CONTINUED EDUCATION, DEVELOPMENT OF
 LIFE SKILLS & DECISION MAKING AND PROVIDES FOR TRANSPORTATION TO MEDICAL CARE FOR PREGNANT WOMEN.
 THESE SERVICES ARE OFFERED FREE OF CHARGE TO ANY GIRL REGARDLESS OF RACE OR RELIGION.
-
- 4b** (Code:) (Expenses \$ 42,121 including grants of \$ 0) (Revenue \$ 0)
 CRISIS PREGNANCY ASSISTANCE CENTERS OFFER FREE TESTING FOR PREGNANCY, PRENATAL DEVELOPMENT
 INFORMATION, AND SEXUAL ABSTINENCE EDUCATION.
-
- 4c** (Code:) (Expenses \$ 72,470 including grants of \$ 0) (Revenue \$ 153,182)
 ADOPTION AGENCY WORKS ALONGSIDE YOUNG WOMEN FACING UNPLANNED PREGNANCY WHO WISH TO MAKE AN
 ADOPTION DECISION.
-
- 4d** Other program services. (Describe in Schedule O.)
 (Expenses \$ 719,964 including grants of \$ 0) (Revenue \$ 381,755)
- 4e** Total program service expenses ▶ 1,055,986

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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	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	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	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b 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, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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? 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," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c 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	
24d 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
25b 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28	
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	22	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	44	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section 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 ☒ 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: **SUE LAWRENCE** **903-581-2891**
P. O. BOX 131466, TYLER, TX 75713

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BEVERLY KLINE PRES	40	X		X				9,039	0	0
(2) FRAN PARIS V/P	0.5	X		X				0	0	0
(3) STAN RICHARDSON DIR	40	X						7,070	0	0
(4) JOHN ALLEGRETTO SEC/TREASURER	40	X		X				0	0	0
(5) CAROL MORGAN DIR	40	X						0	0	0
(6) ELAINE ALLEGRETTO DIR	20	X						0	0	0
(7) KAREN HOUSTON OFFICE PERSONNEL	40				X			13,736	0	0
(8) DAWN NELSON STORE MANAGER	40				X			17,028	0	0
(9) KEITH JONES TRANSPORTATION MANAGER	40				X			20,555	0	0
(10) SIDNEY DURLER HUMAN RESOURCES/FUND RAISER	40				X	X		21,054	0	0
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								88,482	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								88,482	0	0

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 779,501				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f		779,501			
Program Service Revenue	2a <u>KINGS TREASURER STORE THRIFT STO</u>	<u>Business Code</u> 452000	381,755			
	b <u>ADOPTION SERVICES</u>	541900	153,182			
	c <u>VOLUNTEER HOUSING</u>	531390	2,825			
	d		0			
	e		0			
	f All other program service revenue		0			
	g Total. Add lines 2a-2f		537,762			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,240		
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
6a Gross Rents		(i) Real (ii) Personal				
b Less: rental expenses		10,946				
c Rental income or (loss)		0 -4,344				
d Net rental income or (loss)			-4,344		-4,344	
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		0 8,496				
c Gain or (loss)		0 2,017				
d Net gain or (loss)			2,017			
8a Gross income from fundraising events (not including \$ 29,776 of contributions reported on line 1c). See Part IV, line 18		a 132,384				
b Less: direct expenses		b 89,628				
c Net income or (loss) from fundraising events			42,756			
9a Gross income from gaming activities. See Part IV, line 19		a 0				
b Less: direct expenses		b 0				
c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances		a 0				
b Less: cost of goods sold	b 0					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a		0				
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		1,358,932	0	-4,344	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	339,166	339,166		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,215	3,215		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	69,822	69,822		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	72,373	51,319	10,527	10,527
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			
7	Other salaries and wages	152,978	131,283	21,695	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	18,346	14,851	2,388	1,107
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	8,175		8,175	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	34,954	28,299	6,655	
12	Advertising and promotion	20,403	15,809	4,344	250
13	Office expenses	144,322	87,451	56,871	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	86,919	46,849	39,533	537
17	Travel	11,256	944	10,312	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,856	1,689	2,167	
20	Interest	37,502	28,999	8,503	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	68,682	54,653	14,029	0
23	Insurance	37,881	33,114	4,767	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	CHILD CARE	3,772	2,964	792	16
b	TRANSPORTATION	40,166	27,765	12,385	16
c	SUPPLIES AND FOOD EXPENSES	124,451	91,629	32,763	59
d	BAD DEBT	4,502	3,766	736	
e	MEDICAL EXPENSES	12,911	8,225	4,686	
f	All other expenses HOME STUDY/TUTIONS	14,174	14,174		
25	Total functional expenses. Add lines 1 through 24f	1,309,826	1,055,986	241,328	12,512
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	124,829	1	193,855
	2 Savings and temporary cash investments	190,566	2	64,824
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	5,736	4	47,138
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,185	9	37,684
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,472,303		
	b Less: accumulated depreciation	10b 633,928	10c	1,838,375
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	1,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,199,266	16	2,182,876	
Liabilities	17 Accounts payable and accrued expenses	57,856	17	58,909
	18 Grants payable		18	
	19 Deferred revenue	920	19	34,250
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	625,584	23	525,705
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	684,360	26	618,864
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,494,906	27	1,557,012
	28 Temporarily restricted net assets	20,000	28	7,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,514,906	33	1,564,012	
34 Total liabilities and net assets/fund balances	2,199,266	34	2,182,876	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,358,932
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,309,826
3	Revenue less expenses. Subtract line 2 from line 1	3	49,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,514,906
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,564,012

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

75-2425265

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0					0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0					0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0					0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	572,885	859,219	932,618	788,778	779,501	3,933,001
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	390,664	495,449	529,205	526,703	696,382	2,638,403
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 Total. Add lines 1 through 5	963,549	1,354,668	1,461,823	1,315,481	1,475,883	6,571,404
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						6,571,404

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	963,549	1,354,668	1,461,823	1,315,481	1,475,883	6,571,404
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,180	5,737	3,584	1,240	12,741
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-2,552	-4,344	-6,896
c Add lines 10a and 10b	0	2,180	5,737	1,032	-3,104	5,845
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-21,256			-1,547	2,017	-20,786
13 Total support. (Add lines 9, 10c, 11, and 12.)	942,293	1,356,848	1,467,560	1,314,966	1,474,796	6,556,463
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.23%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	100.46%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.09%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.15%

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LIVING ALTERNATIVES, INC.

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

75-2425265

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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

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

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

	Amount
1c	
1d	
1e	
1f	

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0		

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

- | | Number of companies | Percentage of companies |
|---------------------------------------|---------------------|-------------------------|
| a Board designated or quasi-endowment | 1 | 100% |
| b Permanent endowment | 0 | 0% |
| c Term endowment | 0 | 0% |

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	2,472,303		1,838,375
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,838,375

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

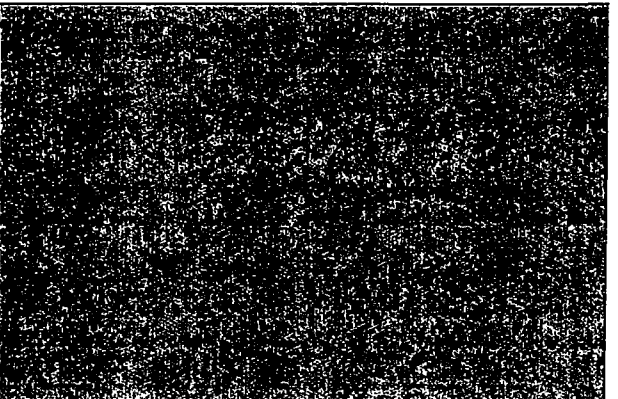
Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
(11)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,358,932
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,309,826
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	49,106
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	49,106

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

1	Total revenue, gains, and other support per audited financial statements	1	1,358,932
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,358,932
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,358,932

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

1	Total expenses and losses per audited financial statements	1	1,309,826
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,309,826
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,309,826

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

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 the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe					
(1)	1	8	PROGRAM SERVICES	CRISIS PREGNACY/	68,922
(2)	0	0		ADOPTIONS	0
(3)	0	0			0
(4)	0	0			0
(5)	0	0			0
(6)	0	0			0
(7)	0	0			0
(8)	0	0			0
(9)	0	0			0
(10)	0	0			0
(11)	0	0			0
(12)	0	0			0
(13)	0	0			0
(14)	0	0			0
(15)	0	0			0
(16)	0	0			0
(17)	0	0			0
3a Sub-total	1	8			68,922
b Total from continuation sheets to Part I.	0	0			0
c Totals (add lines 3a and 3b)	1	8			68,922

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed

1	(a) Name 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 of valuation (book, FMV, appraisal, other)
(1)			Europe	OPERATING FUNDS	68,922	WIRE	0		
(2)					0		0		
(3)					0		0		
(4)					0		0		
(5)					0		0		
(6)					0		0		
(7)					0		0		
(8)					0		0		
(9)					0		0		
(10)					0		0		
(11)					0		0		
(12)					0		0		
(13)					0		0		
(14)					0		0		
(15)					0		0		
(16)					0		0		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **1**
- 3 Enter total number of other organizations or entities. **1**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(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) Method of valuation (book, FMV, appraisal, other)
(1)		0	0		0		
(2)		0	0		0		
(3)		0	0		0		
(4)		0	0		0		
(5)		0	0		0		
(6)		0	0		0		
(7)		0	0		0		
(8)		0	0		0		
(9)		0	0		0		
(10)		0	0		0		
(11)		0	0		0		
(12)		0	0		0		
(13)		0	0		0		
(14)		0	0		0		
(15)		0	0		0		
(16)		0	0		0		
(17)		0	0		0		
(18)		0	0		0		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I Line 2 DIRECT CONTRIBUTION FOR THE PROGRAM OPERATIONS IN ROMANIA RELATED TO CRISIS

PREGNANCY, ADOPTION AND COUNSELING. NOT A FORMAL GRANT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
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.

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

75-2425265

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

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

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☒ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>T NEW MEXICO LC</u> (event type)	<u>QUET TYLER LOCA</u> (event type)	<u>3</u> (total number)	(add col (a) through col (c))	
	1	Gross receipts	6,781	32,091	123,288	162,160
	2	Less: Charitable contributions	0	29,776	0	29,776
	3	Gross income (line 1 minus line 2)	6,781	2,315	123,288	132,384
Direct Expenses	4	Cash prizes	0	0	2,000	2,000
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	168	16,882	17,050
	7	Food and beverages	2,501	5,138	4,440	12,079
	8	Entertainment	0	0	0	0
	9	Other direct expenses	0	4,907	53,592	58,499
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(89,628)
11	Net income summary. Combine line 3, column (d), and line 10 ▶				42,756	

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				0

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

75-2425265

Part I General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YOUTH WITH A MISSION P O BOX 3000 GARDNE VALLEY	23-7136015	501C3	314,037	0			OPERATING FUNDS
(2) -----			0	0			
(3) -----			0	0			
(4) -----			0	0			
(5) -----			0	0			
(6) -----			0	0			
(7) -----			0	0			
(8) -----			0	0			
(9) -----			0	0			
(10) -----			0	0			
(11) -----			0	0			
(12) -----			0	0			

2 Enter total number of section 501(c)(3) and government organizations. ☒ 1

3 Enter total number of other organizations. ☒ 0

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

(HTA)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I Line 2 DIRECT GENERAL DONATIONS FOR THE SUPPORT OF VOLUNTEERS PROVIDED FOR SERVICE RELATED TO THE ACTIVITIES OF LIVING

ALTERNATIVES, INC. NOT A FORMAL GRANT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

LIVING ALTERNATIVES, INC.

75-2425265

Form 990, Part III, Line 4d: Program Service Expenses: 282,951, Grants and allocations: 0.

Revenue: 381,755 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: 16,824, 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: 7,986, 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 ACCESSORIES, 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: 412,203, 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

Name of the organization

Employer identification number

LIVING ALTERNATIVES, INC.

75-2425265

(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	Form 990	Part VI	B	11A	COPY OF FORM 990 PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FINAL FILING WITH IRS
2	Form 990	Part VI	C	18	THE ORGANIZATION MAKES COPIES OF GOVERNING DOCUMENTS, CONFLICTS OF INTEREST AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST
3					

Asset	d	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: BUILDINGS												
48		BUILDING HWY 110 MOTHERS	3/22/93	231,266.58	0.00	0.00	147,139.56	7,708.89	154,848.45	76,418.13	S/L	30.0
49		NEW FOUNDATION	4/02/93	10,200.00	0.00	0.00	5,610.00	340.00	5,950.00	4,250.00	S/L	30.0
51		IMPROVEMENTS	7/19/93	15,379.00	0.00	433.00	14,946.00	0.00	14,946.00	433.00	S/L	10.0
55		NEW ROOF	1/01/94	4,805.00	0.00	0.00	4,805.00	0.00	4,805.00	0.00	S/L	10.0
56		MISC IMPROVEMENTS	1/01/94	9,340.00	0.00	0.00	9,340.00	0.00	9,340.00	0.00	S/L	10.0
59		3 TON HEAT PUMP	12/31/94	801.00	0.00	0.00	801.00	0.00	801.00	0.00	S/L	5.0
66		CEMENT	11/27/95	600.00	0.00	0.00	600.00	0.00	600.00	0.00	S/L	5.0
68		STEEL CULVERTS	11/29/95	178.00	0.00	0.00	178.00	0.00	178.00	0.00	S/L	5.0
69		LOWES BUILDING IMPROV	1/05/96	783.00	0.00	0.00	783.00	0.00	783.00	0.00	S/L	5.0
72		HOUSE BAXTER ST	2/26/96	48,556.00	0.00	30,348.00	6,406.35	606.93	7,013.28	41,542.72	S/L	30.0
92		IMPROVEMENTS	6/01/97	44,873.00	0.00	4,498.00	16,934.80	1,345.83	18,280.63	26,592.37	S/L	30.0
106		APACHE BUILDING SYSTEM	12/29/97	3,850.00	0.00	385.00	1,544.50	115.50	1,660.00	2,190.00	S/L	30.0
117		DRIVEWAY & SIDEWALK	6/01/98	2,003.00	0.00	200.00	1,803.00	0.00	1,803.00	200.00	S/L	10.0
119		SINGLE STAFF HOUSE	6/01/98	5,384.00	0.00	538.00	4,846.00	0.00	4,846.00	538.00	S/L	10.0
120		SPRINKLER SYSTEM	6/01/98	2,646.00	0.00	265.00	2,381.00	0.00	2,381.00	265.00	S/L	10.0
121		BUNGELow	6/01/98	4,950.00	0.00	495.00	4,455.00	0.00	4,455.00	495.00	S/L	10.0
124		TRAILER PAD ELEC LINE	6/01/98	1,700.00	0.00	170.00	1,530.00	0.00	1,530.00	170.00	S/L	10.0
145		LOVING OFFICE BUILDING	6/01/99	54,529.00	0.00	41,863.00	4,642.46	422.20	5,064.66	49,464.34	S/L	30.0
150		FH FOUNDATION	6/01/99	7,400.00	0.00	740.00	6,660.00	0.00	6,660.00	740.00	S/L	10.0
153		2 TON AC	6/01/99	1,330.00	0.00	133.00	1,197.00	0.00	1,197.00	133.00	S/L	10.0
156		WATER WELL	6/01/99	4,263.00	0.00	426.00	3,837.00	0.00	3,837.00	426.00	S/L	10.0
170		SCHOOL ROOM CONSTRUCTIO	2/17/00	15,585.00	0.00	0.00	3,837.00	0.00	3,837.00	133.00	S/L	10.0
178		F H IMPROVEMENTS	6/01/00	2,811.00	0.00	13,072.00	2,513.00	0.00	2,513.00	13,072.00	S/L	30.0
179		WELL PUMP & LABOR	6/01/00	1,404.00	0.00	0.00	899.50	93.70	993.20	1,817.80	S/L	30.0
180		LAND & BLDG IMPROVEMENT	6/01/00	31,685.00	0.00	0.00	438.00	46.80	484.80	919.20	S/L	30.0
196		TRANE A/C	6/01/01	5,728.00	0.00	0.00	9,064.85	1,056.17	10,121.02	21,563.98	S/L	30.0
201		AIR CONDITIONER	1/10/02	1,200.00	0.00	0.00	5,728.00	0.00	5,728.00	0.00	S/L	5.0
207		MISC IMPROVEMENTS	6/02/02	2,153.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	5.0
209		INSTALL POWER FEEDERS	6/17/02	1,800.00	0.00	0.00	1,632.50	215.30	1,847.80	305.20	S/L	10.0
210		INSTALL FRAME SYS/ AC	7/02/02	4,916.00	0.00	0.00	1,350.00	180.00	1,530.00	270.00	S/L	10.0
216		FLOORING	1/02/03	1,995.00	0.00	0.00	3,688.00	491.60	4,179.60	736.40	S/L	10.0
219		AEROBIC SEPTIC	6/13/03	15,113.00	0.00	0.00	1,397.50	199.50	1,597.00	398.00	S/L	10.0
222		MOBILE HOME	2/05/04	15,189.00	0.00	7,500.00	6,633.65	1,007.53	7,641.18	7,471.82	S/L	15.0
223		HOUSE/RICHARDSON	6/01/04	48,000.00	0.00	47,067.00	1,745.50	256.30	2,001.80	13,187.20	S/L	30.0
224		HOUSE/KLINE	6/01/04	20,605.00	0.00	20,204.00	933.00	0.00	933.00	47,067.00	S/L	30.0
226		BUILDING NEW MEXICO	8/01/04	148,891.64	0.00	134,002.48	2,688.35	496.31	3,184.66	20,204.00	S/L	30.0
239		RV PAD ELEC/PLUMBING	7/20/05	8,122.79	0.00	6,092.09	229.98	52.07	282.05	145,706.98	S/L	30.0
240		SPETIC SYSTEM	11/04/05	6,982.00	5,236.50	0.00	484.87	116.37	601.24	7,840.74	S/L	39.0
262		1996 GALAXY MOBILE HOME	10/04/05	29,000.00	0.00	14,500.00	4,108.35	966.67	5,075.02	6,380.76	S/L	15.0
268		BUILDING - KINGS TREASURE	8/24/06	147,243.10	0.00	110,432.33	4,090.10	1,227.03	5,317.13	23,924.98	S/L	15.0
278		CABINETS	6/01/06	18,654.01	0.00	1,866.54	8,593.59	2,398.21	10,991.80	141,925.97	S/L	30.0
279		CABINETS	6/01/06	858.62	0.00	85.86	184.61	51.52	236.13	7,662.21	S/L	7.0
288		OFFICE EXPANSION	6/30/06	27,483.05	0.00	13,741.53	1,233.22	352.35	1,585.57	622.49	S/L	15.0
305		MATERNITY HOME REMODEL	6/01/06	117,450.16	0.00	58,725.08	5,395.68	1,505.77	6,901.45	25,897.48	S/L	39.0
315		BUILDING-1009 BAXTER	9/07/07	85,526.13	0.00	72,697.21	767.55	328.95	1,096.50	110,548.71	S/L	39.0
322		MH RENOVATIONS 2007	9/30/07	32,844.29	0.00	29,559.86	189.49	84.22	273.71	84,429.63	S/L	39.0
367		KEEPS BUILDING	11/30/08	39,369.85	0.00	29,607.12	271.19	250.33	521.52	32,570.58	S/L	39.0
373		FENCE PRC	11/25/08	4,388.00	0.00	0.00	316.91	292.53	609.44	38,848.33	S/L	39.0
380		ALARM SYSTEM MH	8/02/08	1,006.70	0.00	0.00	203.73	143.81	347.54	3,778.56	S/L	15.0

Book Asset Detail 1/01/10 - 12/31/10

Asset	d	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: BUILDINGS (continued)												
397		MOBILE HOME - SHALLS	4/01/09	55,239.21	0.00	0.00	1,380.98	1,841.31	3,222.29	52,016.92	S/L	30.0
405		BUILDING - KT NO 2	2/05/09	65,393.38	0.00	49,045.03	384.26	419.19	803.45	64,589.93	S/L	39.0
407		BUILDING REMODEL 1009 BAX	11/02/09	6,000.00	0.00	0.00	25.64	153.85	179.49	5,820.51	S/L	39.0
408		BROWN LONG OFFICE	3/05/09	9,935.27	0.00	0.00	212.29	254.75	467.04	9,468.23	S/L	39.0
410		BUILDING - KT 2	10/21/09	18,912.31	0.00	14,184.23	20.21	121.23	141.44	18,770.87	S/L	39.0
422		HOUSE/RICHARDSON NEW RO	1/07/10	5,575.00	0.00c	0.00	0.00	185.83	185.83	5,389.17	S/L	30.0
428		POOL HOUSE	12/01/10	23,587.99	0.00c	2,358.00	0.00	117.94	117.94	23,470.05	S/L	15.0
434		BUILDING KT - NO 2	1/11/10	3,081.68	0.00c	0.00	0.00	79.02	79.02	3,002.66	S/L	39.0
435		PARKING LOT-KT BLDG 2	2/22/10	2,250.00	0.00c	0.00	0.00	125.00	125.00	2,125.00	S/L	15.0
BUILDINGS				1,480,815.76	0.00c	705,234.36	308,845.17	25,650.51	334,495.68	1,146,320.08		
Group: COMPUTERS												
264		KONICA PRINTER 8031	11/06/06	8,028.00	0.00	802.80	4,575.96	1,445.04	6,021.00	2,007.00	S/L	5.0
271		17" MONITOR	2/01/06	415.94	0.00	41.59	293.24	74.87	368.11	47.83	S/L	5.0
272		CONTROL MONITOR	2/01/06	325.00	0.00	32.25	229.32	58.55	287.87	37.13	S/L	5.0
273		CONTROL MONITOR	2/01/06	325.00	0.00	32.50	229.13	58.50	287.63	37.37	S/L	5.0
274		COMPUTER	2/01/06	487.30	0.00	48.73	343.53	87.71	431.24	56.06	S/L	5.0
291		EMAC	1/03/06	912.51	0.00	91.25	657.00	164.26	821.26	91.25	S/L	5.0
292		IMAC	1/25/06	2,341.11	0.00	234.11	1,650.45	421.39	2,071.84	269.24	S/L	5.0
293		APPLE MINI MAC	7/19/06	1,015.53	0.00	101.55	624.57	182.80	807.37	208.16	S/L	5.0
303		IMAC/SOFTWARE	2/06/06	2,748.00	0.00	274.80	1,937.34	494.64	2,431.98	316.02	S/L	5.0
309		13" MAC BOOK	11/30/07	1,234.00	0.00	123.40	462.75	222.12	684.87	549.13	S/L	5.0
310		ST # 1306 HP COMPUTER	12/31/07	549.36	0.00	54.94	197.76	98.88	296.64	252.72	S/L	5.0
323		ILIFE LAPTOP	1/23/07	1,020.00	0.00	102.00	535.50	183.60	719.10	300.90	S/L	5.0
324		LAPTOP - MICHAL	4/13/07	750.00	0.00	75.00	371.25	135.00	506.25	243.75	S/L	5.0
325		EMAC	4/16/07	399.99	0.00	39.99	192.00	72.00	264.00	135.99	S/L	5.0
326		MONITOR 20"	4/16/07	450.00	0.00	45.00	216.00	81.00	297.00	153.00	S/L	5.0
327		AIRPORTS/MONITORS	6/25/07	730.00	0.00	73.00	328.50	131.40	459.90	270.10	S/L	5.0
328		ILIFE MINIMAC	12/09/07	717.95	0.00	71.79	269.23	129.23	398.46	319.49	S/L	5.0
357		MZI MAC IMAC ICK 24GHZ	8/21/08	1,237.67	0.00	123.77	297.04	222.78	519.82	717.85	S/L	5.0
368		SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	185.50	106.00	291.50	238.50	S/L	5.0
369		SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	185.50	106.00	291.50	238.50	S/L	5.0
370		SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	185.50	106.00	291.50	238.50	S/L	5.0
371		SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	185.50	106.00	291.50	238.50	S/L	5.0
372		SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	185.50	106.00	291.50	238.50	S/L	5.0
374		VIEW SONIC MONITOR SCHL	7/04/08	610.52	0.00	0.00	183.15	122.10	305.25	305.27	S/L	5.0
401		APPLE MACBOOK MB466LLA	1/21/09	1,691.75	0.00	0.00	310.15	338.35	648.50	1,043.25	S/L	5.0
402		MAC MINI	3/31/09	678.95	0.00	0.00	101.84	135.79	237.63	441.32	S/L	5.0
403		APPLE COMPUTER	11/01/09	1,268.00	0.00	0.00	42.27	253.60	295.87	972.13	S/L	5.0
412		15" MAC BOOK 253	6/29/09	1,640.35	0.00	0.00	164.04	328.07	492.11	1,148.24	S/L	5.0
415		COMPUTER - RES	5/20/10	465.80	0.00c	0.00	0.00	54.34	54.34	411.46	S/L	5.0
416		COPMUTER - RES	5/20/10	465.80	0.00c	0.00	0.00	54.34	54.34	411.46	S/L	5.0
417		COPMUTER - RES	5/20/10	465.80	0.00c	0.00	0.00	54.34	54.34	411.46	S/L	5.0
418		COMPUTER	5/20/10	465.80	0.00c	0.00	0.00	54.34	54.34	411.46	S/L	5.0
419		COMPUTER	6/03/10	600.00	0.00c	0.00	0.00	70.00	70.00	530.00	S/L	5.0
430		MAC COMPUTER	8/19/10	1,231.98	0.00c	0.00	0.00	82.13	82.13	1,149.85	S/L	5.0

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 Period
Group: COMPUTERS (continued)													
COMPUTERS													
				35,922.08	0.00c		2,368.47	15,139.52	6,341.17	21,480.69	14,441.39		
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
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		8 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	S/L	5.0
152		F H SIGN	6/01/99	1,500.00	0.00		150.00	1,350.00	0.00	1,350.00	150.00	S/L	10.0
169		GREAT ROOM FURNITURE	1/31/00	5,465.00	0.00		0.00	5,465.00	0.00	5,465.00	0.00	S/L	5.0
171		MAIL BOXES	3/09/00	1,405.00	0.00		0.00	1,405.00	0.00	1,405.00	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	2,473.00	0.00	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	S/L	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	S/L	5.0
187		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	1,548.00	0.00	1,548.00	0.00	S/L	5.0
255		CHAIR	2/05/05	450.58	0.00		45.00	398.34	6.74	405.58	45.00	S/L	5.0
256		CHAIR	2/12/05	450.58	0.00		45.00	398.34	6.74	405.58	45.00	S/L	5.0
257		LOVESEAT	2/15/05	525.89	0.00		52.59	465.41	7.89	473.30	52.59	S/L	5.0
258		SOFA	2/15/05	607.77	0.00		60.78	537.88	9.11	546.99	60.78	S/L	5.0
259		2-QUEENANNE CHAIRS	2/17/05	405.56	0.00		40.55	352.84	12.17	365.01	40.55	S/L	5.0
294		PHILBECK - HUTCH	5/26/06	1,450.00	0.00		145.00	668.04	186.43	854.47	595.53	S/L	7.0
296		SIGNS	6/21/06	831.13	0.00		83.11	374.01	106.86	480.87	350.26	S/L	7.0
297		SOFA	7/03/06	1,499.00	0.00		149.90	674.52	192.72	867.24	631.76	S/L	7.0
298		ARMCHAIR	7/03/06	999.00	0.00		99.90	449.54	128.44	577.98	421.02	S/L	7.0
299		BASSETT COCKTAIL TABLE	7/03/06	584.10	0.00		58.41	262.85	75.10	337.95	246.15	S/L	7.0
300		PICTURE-RIVER AND SKY	7/03/06	403.14	0.00		80.62	161.25	46.07	207.32	195.82	S/L	7.0
301		BAR STOOLS	7/03/06	1,443.64	0.00		144.36	649.64	185.61	835.25	608.39	S/L	7.0
312		DESK	1/05/07	429.98	0.00		42.99	165.84	55.28	221.12	208.86	S/L	7.0
313		WORKSTATION	1/05/07	519.97	0.00		51.99	200.55	66.85	267.40	252.57	S/L	7.0
329		CHAIR OFFICE MAX	4/11/07	259.98	0.00		25.99	91.93	33.43	125.36	134.62	S/L	7.0
330		L ARM DESK OFFICE MAX	4/11/07	199.99	0.00		19.99	70.71	25.71	96.42	103.57	S/L	7.0
331		DESK OFFICE MAX	4/11/07	499.98	0.00		49.99	176.77	64.28	241.05	258.93	S/L	7.0
332		HUTCH OFFICE MAX	4/11/07	359.95	0.00		35.99	127.27	46.28	173.55	186.40	S/L	7.0
333		NEW FURN MH	5/01/07	3,336.85	0.00		333.68	1,144.06	429.02	1,573.08	1,763.77	S/L	7.0
334		12 CHAIRS	5/16/07	1,091.40	0.00		109.14	362.50	140.32	502.82	588.58	S/L	7.0
335		12 CHAIRS	5/17/07	2,351.58	0.00		235.15	781.07	302.35	1,083.42	1,268.16	S/L	7.0
336		CHAIR	5/17/07	179.99	0.00		17.99	59.78	23.14	82.92	97.07	S/L	7.0
337		60" WRITING DESK	4/07/07	799.00	0.00		79.00	282.86	102.86	385.72	413.28	S/L	7.0
338		LIBRARY OPEN HUTCH	4/07/07	299.00	0.00		29.90	105.71	38.44	144.15	154.85	S/L	7.0
339		LIBRARY OPEN BASE	4/07/07	199.00	0.00		19.90	70.37	25.59	95.96	103.04	S/L	7.0
340		48" NANO HUTCH	4/07/07	399.00	0.00		39.99	141.05	51.29	192.34	206.66	S/L	7.0
341		48" NANO DESK	4/07/07	499.00	0.00		49.99	176.39	64.14	240.53	258.47	S/L	7.0
342		BAROLO DISPLAY CASE	4/07/07	1,699.00	0.00		169.90	600.71	218.44	819.15	879.85	S/L	7.0
343		TV	6/13/07	2,399.99	0.00		239.99	797.14	308.57	1,105.71	1,294.28	S/L	7.0
344		TERRYS FURNITURE	6/13/07	1,124.39	0.00		112.43	373.47	144.57	518.04	606.35	S/L	7.0
345		HAVERTY FURNITURE	6/13/07	858.40	0.00		85.58	285.20	110.40	395.60	462.80	S/L	7.0
346		SOFA	6/25/07	1,970.00	0.00		197.00	633.22	253.29	886.51	1,083.49	S/L	7.0

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
Group: FURNITURE AND FIXTURES (continued)												
347		CHANDELIER	7/16/07	486.00	0.00	48.60	151.02	62.49	213.51	272.49	S/L	7.0
348		CHANDELIER	7/16/07	486.00	0.00	48.60	151.02	62.49	213.51	272.49	S/L	7.0
349		CHAIR OFFICE MAC	7/17/07	249.99	0.00	24.99	77.67	32.14	109.81	140.18	S/L	7.0
350		CHAIR OFFICE MAX	7/17/07	179.99	0.00	17.99	55.92	23.14	79.06	100.93	S/L	7.0
351		POTTERY BARN FURNITURE	7/19/07	2,813.19	0.00	281.31	874.11	361.70	1,235.81	1,577.38	S/L	7.0
352		CHAIR	8/20/07	229.99	0.00	22.99	69.00	29.57	98.57	131.42	S/L	7.0
360		DISPLAY CASE	6/24/08	675.00	0.00	67.50	130.18	86.79	216.97	458.03	S/L	7.0
362		GEOMETRIC ARMLESS CHAIR	2/14/08	399.96	0.00	0.00	109.52	57.14	166.66	233.30	S/L	7.0
363		GEOMETRIC ARMLESS CHAIR	2/14/08	399.96	0.00	0.00	109.52	57.14	166.66	233.30	S/L	7.0
364		SOFA	2/14/08	694.06	0.00	0.00	190.04	99.15	289.19	404.87	S/L	7.0
365		5 X 8 RUG POTTERY BARN	6/20/08	349.00	0.00	0.00	74.79	49.86	124.65	224.35	S/L	7.0
366		RETURN DESK - SAMS	12/01/08	1,082.64	0.00	0.00	162.38	154.66	317.04	765.60	S/L	7.0
376		RUG	6/25/08	989.10	0.00	0.00	211.95	141.30	353.25	635.85	S/L	7.0
377		CHAIR & OTTOMAN	1/09/08	1,852.92	0.00	0.00	529.40	264.70	794.10	1,058.82	S/L	7.0
378		SOFA POTTERY BARN	6/23/08	2,071.40	0.00	0.00	443.87	295.91	739.78	1,331.62	S/L	7.0
379		SOFA POTTERY BARN	6/23/08	2,071.39	0.00	0.00	443.87	295.91	739.78	1,331.61	S/L	7.0
381		RUG MH	6/25/08	328.22	0.00	0.00	70.33	46.89	117.22	211.00	S/L	7.0
382		BED MH	2/26/08	535.25	0.00	0.00	140.18	76.46	216.64	318.61	S/L	7.0
383		BED MH	2/26/08	535.25	0.00	0.00	140.18	76.46	216.64	318.61	S/L	7.0
384		DRESSER MH	2/26/08	465.25	0.00	0.00	121.85	66.46	188.31	276.94	S/L	7.0
385		DRESSER MH	2/26/08	465.25	0.00	0.00	121.85	66.46	188.31	276.94	S/L	7.0
387		2 WOOD TRIM CHAIRS	2/17/09	550.48	0.00	0.00	65.53	78.64	144.17	406.31	S/L	7.0
388		2 BEDS SAMS CLUB	4/17/09	1,422.22	0.00	0.00	135.45	203.17	338.62	1,083.60	S/L	7.0
389		FURNITURE WEIRS	5/01/09	898.00	0.00	0.00	85.52	128.29	213.81	684.19	S/L	7.0
390		MICROWAVE	7/30/09	549.99	0.00	0.00	32.74	78.57	111.31	438.68	S/L	7.0
392		ROCKING CHAIRS	11/03/09	604.97	0.00	0.00	14.40	86.42	100.82	504.15	S/L	7.0
393		DESK FOR OFFICE	11/20/09	1,952.00	0.00	0.00	23.24	278.86	302.10	1,649.90	S/L	7.0
394		2 DRWR FILE CABINET	4/20/09	699.00	0.00	0.00	66.57	99.86	166.43	532.57	S/L	7.0
395		LABOR TO HANG CABINETS	11/03/09	1,750.00	0.00	0.00	41.67	250.00	291.67	1,458.33	S/L	7.0
414		CHANDELIER	11/04/10	577.56	0.00c	57.75	0.00	12.38	12.38	565.18	S/L	7.0
437		SHELVING/DISPLAY	8/26/10	980.00	0.00c	0.00	0.00	46.67	46.67	933.33	S/L	7.0
				83,679.87	0.00c	4,799.62	42,815.03	7,137.81	49,952.84	33,727.03		
Group: IMPROVEMENTS												
290		POOL	6/16/06	127,062.96	0.00	12,706.29	20,012.41	5,717.83	25,730.24	101,332.72	S/L	20.0
359		CARPET	1/02/08	2,400.00	0.00	240.00	617.14	308.57	925.71	1,474.29	S/L	7.0
				129,462.96	0.00c	12,946.29	20,629.55	6,026.40	26,655.95	102,807.01		
Group: LAND												
47		LAND - HWY 110	3/22/93	72,212.42	0.00	0.00	0.00	0.00	0.00	72,212.42	Land	0.0
73		BAXTER HOUSE LAND	2/26/96	12,319.00	0.00	0.00	0.00	0.00	0.00	12,319.00	Land	0.0
146		LOVING OFFICE LAND	6/01/99	15,831.00	0.00	0.00	0.00	0.00	0.00	15,831.00	Land	0.0
227		LAND NEW MEXICO	8/01/04	39,870.00	0.00	0.00	0.00	0.00	0.00	39,870.00	Land	0.0
269		LAND - KINGS TREASURE	8/24/06	156,081.37	0.00	0.00	0.00	0.00	0.00	156,081.37	Land	0.0
316		LAND - 1009 BAXTER	9/07/07	16,400.00	0.00	0.00	0.00	0.00	0.00	16,400.00	Land	0.0
404		LAND - KT NO 2	2/05/09	39,750.00	0.00	0.00	0.00	0.00	0.00	39,750.00	Land	0.0

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: LAND (continued)												
		LAND		352,463.79	0.00c	0.00	0.00	0.00	0.00	352,463.79		
154		GRASS & SOD	6/01/99	1,952.00	0.00	195.00	1,757.00	0.00	1,757.00	195.00	S/L	10.0
176		GRAVEL AND ROADS	5/09/00	11,097.00	0.00	0.00	3,576.50	369.90	3,946.40	7,150.60	S/L	30.0
204		AEROBIC DESIGN	3/28/02	3,000.00	0.00	0.00	2,325.00	300.00	2,625.00	375.00	S/L	10.0
358		LANDSCAPING	2/13/08	2,300.60	0.00	0.00	113.06	58.99	172.05	2,128.55	S/L	39.0
		LANDSCAPING		18,349.60	0.00c	195.00	7,771.56	728.89	8,500.45	9,849.15		
Group: MACHINERY & EQUIP												
54		ALARM SYSTEM	11/24/93	2,500.00	0.00	0.00	2,500.00	0.00	2,500.00	0.00	S/L	5.0
65		SAMS AIR COMPRESSOR	10/21/95	220.00	0.00	0.00	220.00	0.00	220.00	0.00	S/L	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	S/L	5.0
78		COMPUTER	5/17/96	1,996.00	0.00	200.00	1,796.00	0.00	1,796.00	200.00	S/L	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	S/L	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	S/L	5.0
132		ICE MACHINE	6/01/98	1,825.00	0.00	183.00	1,642.00	0.00	1,642.00	183.00	S/L	5.0
133		2 STAGE PUMP	6/01/98	1,357.00	0.00	136.00	1,221.00	0.00	1,221.00	136.00	S/L	5.0
137		5 MECHANICAL DOLLS	6/01/98	1,210.00	0.00	121.00	1,089.00	0.00	1,089.00	121.00	S/L	5.0
139		HPGMP LASERJET PUMP	6/01/98	1,003.00	0.00	100.00	903.00	0.00	903.00	100.00	S/L	5.0
144		FUSON TRAILER IMPROVEMEN	6/01/99	7,500.00	0.00	750.00	2,475.00	225.00	2,700.00	4,800.00	S/L	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	6/12/00	3,967.00	0.00	0.00	3,967.00	0.00	3,967.00	0.00	S/L	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	S/L	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	S/L	5.0
199		COMPUTER	11/09/01	1,159.00	0.00	0.00	1,159.00	0.00	1,159.00	0.00	S/L	5.0
230		PROJECTOR	1/12/05	1,036.98	0.00	103.69	933.29	0.00	933.29	103.69	S/L	5.0
237		IMAC COMPUTER	8/01/05	1,825.04	0.00	182.50	1,450.92	191.62	1,642.54	182.50	S/L	5.0
241	d	WHIRPOOL WASHER	4/05/05	1,345.00	0.00	134.50	1,149.98	0.00	1,149.98	195.02	S/L	5.0
242	d	WHIRPOOL WASHER	4/05/05	1,345.00	0.00	134.50	1,149.98	0.00	1,149.98	195.02	S/L	5.0
243	d	WHIRPOOL DRYER	4/05/05	1,099.00	0.00	109.90	939.65	0.00	939.65	159.35	S/L	5.0
244	d	WHIRLPOOL DRYER	4/05/05	1,099.00	0.00	109.90	939.65	0.00	939.65	159.35	S/L	5.0
245		PROJECTOR	5/11/05	5,025.70	0.00	502.57	4,221.60	301.53	4,523.13	502.57	S/L	5.0
246		SHIMADZU ULTRASOUND	5/13/05	22,150.00	0.00	2,215.00	18,606.00	1,329.00	19,935.00	2,215.00	S/L	5.0
249		I BOOK COMPUTER	6/08/05	1,419.18	0.00	141.91	1,170.81	106.46	1,277.27	141.91	S/L	5.0
250		PROJECTOR CASE	6/15/05	219.00	0.00	21.90	180.68	16.42	197.10	21.90	S/L	5.0
251		I BOOK (if 14"	8/10/05	1,541.48	0.00	154.14	1,225.49	161.85	1,387.34	154.14	S/L	5.0
252		TIGER MAC	9/01/05	1,089.66	0.00	108.96	849.94	130.76	980.70	108.96	S/L	5.0
253		DISHWASHER	5/06/05	350.00	0.00	35.00	294.00	21.00	315.00	35.00	S/L	5.0
254		SURROUND SYSTEM/SPEAKER	5/06/05	1,500.00	0.00	150.00	1,260.00	90.00	1,350.00	150.00	S/L	5.0
276		CHAIN SAW	8/01/06	403.47	0.00	40.34	177.25	51.88	229.13	174.34	S/L	7.0
277		GAS STOVE	12/18/06	332.00	0.00	33.20	128.07	42.69	170.76	161.24	S/L	7.0
280		MICROWAVE	6/01/06	335.00	0.00	33.50	154.34	43.07	197.41	137.59	S/L	7.0
281		DISHWASHER	6/01/06	995.00	0.00	99.50	458.42	127.93	586.35	408.65	S/L	7.0
282		APPLIANCES - DONS	6/01/06	3,085.13	0.00	308.51	1,421.37	396.66	1,818.03	1,267.10	S/L	7.0

FYE: 12/31/2010

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
Group: MACHINERY & EQUIP (continued)												
283		VENT HOOD	6/01/06	325.00	0.00	32.50	149.75	41.79	191.54	133.46	S/L	7.0
284		REFRIGERATOR	6/01/06	2,000.00	0.00	200.00	921.42	257.14	1,178.56	821.44	S/L	7.0
285		GAS FRYER	6/01/06	1,725.00	0.00	172.50	794.75	221.79	1,016.54	708.46	S/L	7.0
286		COOKTOP/GRIDDLE	6/01/06	4,624.00	0.00	462.40	2,130.33	594.51	2,724.84	1,899.16	S/L	7.0
287		STAINLESS TABLE	6/01/06	875.00	0.00	87.50	403.13	112.50	515.63	359.37	S/L	7.0
289		POOL FENCE	6/15/06	2,087.00	0.00	208.70	961.52	268.33	1,229.85	857.15	S/L	7.0
295		MIXER	6/05/06	330.00	0.00	33.00	152.04	42.43	194.47	135.53	S/L	7.0
302		PHONE SYSTEM	6/14/06	1,925.00	0.00	192.50	1,241.63	144.38	1,386.01	538.99	S/L	5.0
306	d	KT SIGN	12/07/07	2,445.00	0.00	244.50	916.87	440.10	1,356.97	1,088.03	S/L	5.0
311		SIGN - KINGS TREASURER	12/06/07	19,120.00	0.00	1,912.00	2,390.00	1,147.20	3,537.20	15,582.80	S/L	15.0
314		PRESSURE WASHER	4/09/07	394.98	0.00	39.49	139.65	50.78	190.43	204.55	S/L	7.0
317		BEST BUY CAMER	2/21/07	708.93	0.00	70.89	258.26	91.15	349.41	359.52	S/L	7.0
320		LEAF SUPER VAC	12/06/07	1,099.00	0.00	109.90	294.37	141.30	435.67	663.33	S/L	7.0
386		CELL TOWER	2/05/09	80,000.00	0.00	0.00	4,888.89	5,333.33	10,222.22	69,777.78	S/L	15.0
398		TURF TIGER MOWER	5/18/09	11,300.00	0.00	0.00	941.67	1,614.29	2,555.96	8,744.04	S/L	7.0
399		MOHAWK CUTTER TURF TIGER	6/05/09	1,024.00	0.00	0.00	85.33	146.29	231.62	792.38	S/L	7.0
400		SONY CAMCORDER EQP	10/20/09	902.61	0.00	0.00	21.49	128.94	150.43	752.18	S/L	7.0
409		FREEZER	12/09/09	595.84	0.00	0.00	7.09	85.12	92.21	503.63	S/L	7.0
411		DISHWASHER ELECTRICAL	10/21/09	2,295.73	0.00	0.00	54.66	327.96	382.62	1,913.11	S/L	7.0
420		ICE MACHINE	12/14/10	1,794.99	0.00c	0.00	0.00	19.23	19.23	1,775.76	S/L	7.0
423		TREE TRIMMER	9/09/10	641.05	0.00c	0.00	0.00	30.53	30.53	610.52	S/L	7.0
424		WASHER	10/03/10	847.11	0.00c	85.00	0.00	27.22	27.22	819.89	S/L	7.0
425		WASHER	10/03/10	847.11	0.00c	85.00	0.00	27.22	27.22	819.89	S/L	7.0
426		DRYER	10/31/10	847.11	0.00c	85.00	0.00	18.15	18.15	828.96	S/L	7.0
427		DRYER	10/03/10	847.11	0.00c	85.00	0.00	27.22	27.22	819.89	S/L	7.0
436		VACUUM	3/16/10	473.50	0.00c	0.00	0.00	50.73	50.73	422.77	S/L	7.0
				227,838.71	0.00c	11,238.40	88,424.29	14,625.50	103,049.79	124,788.92		
				6,813.00	0.00	681.30	5,420.89	0.00	5,565.27	1,247.73		
				221,025.71	0.00c	10,557.10	83,003.40	14,625.50	97,484.52	123,541.19		
				MACHINERY & EQUIP								
				*Less: Dispositions and Transfers								
				Net MACHINERY & EQUIP								

Group: OFFICE EQUIPMENT

318	PROJECTOR SYSTEM	4/16/07	1,198.05	0.00	119.80	410.77	154.04	564.81	633.24	S/L	7.0
319	VIDEO PROJECTOR	9/16/07	944.96	0.00	94.49	273.37	121.50	394.87	550.09	S/L	7.0
321	VOICE MAIL SYSTEM	2/16/07	1,460.00	0.00	146.00	744.60	262.80	1,007.40	452.60	S/L	5.0
356	SECURITY CAMERA	1/24/08	1,567.21	0.00	156.72	386.21	201.50	587.71	979.50	S/L	7.0
375	ANSI LUMEN PROJECTOR	2/04/08	1,997.99	0.00	0.00	547.07	285.43	832.50	1,165.49	S/L	7.0
421	TELEPHONE SYSTEM	6/01/10	3,800.00	0.00c	0.00	0.00	443.33	443.33	3,356.67	S/L	5.0
431	BIZHUB COPIER	9/29/10	10,214.40	0.00c	1,021.00	0.00	459.67	459.67	9,754.73	S/L	5.0
OFFICE EQUIPMENT											
			21,182.61	0.00c	1,538.01	2,362.02	1,928.27	4,290.29	16,892.32		
Group: PHONES											
229 d	PHONES	1/01/05	4,619.28	0.00	461.93	4,157.35	0.00	4,157.35	461.93	S/L	5.0
429	PHONE SYSTEM	2/28/10	3,600.00	0.00c	0.00	0.00	600.00	600.00	3,000.00	S/L	5.0

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
Group: PHONES (continued)												
		PHONES										
		*Less: Dispositions and Transfers		8,219.28	0.00c	461.93	4,157.35	600.00	4,757.35	3,461.93		
		Net PHONES		4,619.28	0.00	461.93	4,157.35	0.00	4,157.35	461.93		
				3,600.00	0.00c	0.00	0.00	600.00	600.00	3,000.00		
Group: SIGN												
228		SIGN	9/20/04	4,320.00	0.00	432.00	3,888.00	0.00	3,888.00	432.00	S/L	5.0
238		PHC MARQUE	8/12/05	3,055.50	0.00	305.55	2,749.95	320.83	2,749.95	305.55	S/L	5.0
265		SIGN - KT	6/14/06	1,200.00	0.00	120.00	774.00	216.00	990.00	210.00	S/L	5.0
266		SIGN - KT	11/03/06	10,295.66	0.00	1,029.57	5,868.53	1,853.22	7,721.75	2,573.91	S/L	5.0
432		ROXY DISPLAY	8/18/10	1,299.00	0.00c	0.00	0.00	61.86	61.86	1,237.14	S/L	7.0
433		SIGN	10/04/10	1,252.96	0.00c	0.00	0.00	44.75	44.75	1,208.21	S/L	7.0
		SIGN		21,423.12	0.00c	1,887.12	12,959.65	2,496.66	15,456.31	5,966.81		
Group: SOFTWARE												
236		SOFTWARE	8/01/05	733.95	0.00	0.00	648.32	85.63	733.95	0.00	S/L	5.0
308		SOFTWARE FOR MAC	4/01/07	864.95	0.00	0.00	475.72	172.99	648.71	216.24	S/L	5.0
		SOFTWARE		1,598.90	0.00c	0.00	1,124.04	258.62	1,382.66	216.24		
Group: VEHICLES												
107		1997 TOYOTA CAMRY	5/01/98	10,886.00	0.00	1,083.00	9,803.00	0.00	9,803.00	1,083.00	S/L	5.0
186		FLATBED TRAILER	10/13/00	870.00	0.00	130.00	740.00	0.00	740.00	130.00	S/L	5.0
190		2 GOLF CARTS	12/20/00	3,715.00	0.00	371.50	3,343.50	0.00	3,343.50	371.50	S/L	5.0
213		91 RANGER TRAILER	8/20/02	11,251.00	0.00	1,125.10	10,125.90	0.00	10,125.90	1,125.10	S/L	5.0
214		2002 TOYOTA SIENNA VAN	11/07/02	18,907.00	0.00	1,890.70	17,016.30	0.00	17,016.30	1,890.70	S/L	5.0
231		BOX TRUCK	4/19/05	6,800.00	0.00	680.00	5,712.00	408.00	6,120.00	680.00	S/L	5.0
261		1988 FORD F 250	6/10/05	7,309.00	0.00	1,309.00	5,500.00	500.00	6,000.00	1,309.00	S/L	5.0
267		SIGN ON TRUCK	9/28/06	1,179.75	0.00	117.98	690.14	212.35	902.49	277.26	S/L	5.0
270		92 VOLVO GL 240 4DR SEDAN	4/12/06	2,800.00	0.00	280.00	1,890.00	504.00	2,394.00	406.00	S/L	5.0
353		2007 TOYOTA COROLLA	4/17/07	15,024.19	0.00	1,502.41	7,211.62	0.00	7,211.62	7,812.57	S/L	5.0
354		2007 TOYOTA COROLLA	4/17/07	16,474.79	0.00	1,647.48	7,907.89	2,965.46	10,873.35	5,601.44	S/L	5.0
355		1996 TARUS	9/12/07	1,480.00	0.00	148.00	621.60	266.40	888.00	592.00	S/L	5.0
361		1992 CHEV TRUCK GM4	7/31/08	4,720.00	0.00	460.00	1,207.00	852.00	2,059.00	2,661.00	S/L	5.0
406		2000 SUBURBAN=ROGERS	2/03/09	4,635.00	0.00	0.00	849.75	927.00	1,776.75	2,858.25	S/L	5.0
413		2005 TOYOTA SIENNA VAN	3/18/10	11,750.00	0.00c	1,175.00	0.00	1,586.25	1,586.25	10,163.75	S/L	5.0
		VEHICLES		117,801.73	0.00c	11,920.17	72,618.70	8,221.46	80,840.16	36,961.57		
		*Less: Dispositions and Transfers		15,024.19	0.00	1,502.41	7,211.62	0.00	7,211.62	7,812.57		
		Net VEHICLES		102,777.54	0.00c	10,417.76	65,407.08	8,221.46	73,628.54	29,149.00		

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 Period
		Grand Total		2,498,758.41	0 00c		752,589.37	576,846.88	74,015.29	650,862.17	1,847,896.24		
		Less: Dispositions and Transfers		26,456.47	0 00		2,645.64	16,789.86	0.00	16,934.24	9,522.23		
		Net Grand Total		2,472,301.94	0.00c		749,943.73	560,057.02	74,015.29	633,927.93	1,838,374.01		

FYE: 12/31/2010

Asset	Property Description	Disposal Date	Disposal Method	Book Cost/Basis	Gross Proceeds	Expense of Sale	Unrecovered Book Cost	Book Gain/Loss
Group: MACHINERY & EQUIP								
302	PHONE SYSTEM	6/01/10	Sold	1,925.00	0.00	0.00	538.99	-538.99
	MACHINERY & EQUIP			<u>1,925.00</u>	<u>0.00</u>	<u>0.00</u>	<u>538.99</u>	<u>-538.99</u>
Group: PHONES								
229	PHONES	2/28/10	Sold	4,619.28	0.00	0.00	461.93	-461.93
	PHONES			<u>4,619.28</u>	<u>0.00</u>	<u>0.00</u>	<u>461.93</u>	<u>-461.93</u>
Group: VEHICLES								
353	2007 TOYOTO COROLLA	1/07/10	Sold	15,024.19	9,914.00	0.00	7,812.57	2,101.43
	VEHICLES			<u>15,024.19</u>	<u>9,914.00</u>	<u>0.00</u>	<u>7,812.57</u>	<u>2,101.43</u>
MASS ASSET DISPOSITIONS:								
Mass Disposition: WASHER/DRYERS								
241	WHIRPOOL WASHER	1/15/10	Mass Sale	1,345.00			195.02	
242	WHIRPOOL WASHER	1/15/10	Mass Sale	1,345.00			195.02	
243	WHIRPOOL DRYER	1/15/10	Mass Sale	1,099.00			159.35	
244	WHIRLPOOL DRYER	1/15/10	Mass Sale	1,099.00			159.35	
	WASHER/DRYERS			<u>4,888.00</u>	<u>600.00</u>	<u>0.00</u>	<u>708.74</u>	<u>-108.74</u>
	Grand Total			<u>26,456.47</u>	<u>10,514.00</u>	<u>0.00</u>	<u>9,522.23</u>	<u>991.77</u>

Form **4797**

**All Business Activities
Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

2010Attachment
Sequence No **27**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ See separate instructions.

Name(s) shown on return

Identifying number

LIVING ALTERNATIVES, INC.**75-2425265**

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
PHONES	1/01/05	2/28/10		4,157.35	4,619.28	-461.93
PHONE SYSTEM	6/14/06	6/01/10		1,703.24	1,925.00	-221.76
3 Gain, if any, from Form 4684, line 42						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						7 -683
8 Nonrecaptured net section 1231 losses from prior years (see instructions)						8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)						
11 Loss, if any, from line 7						11 -683.69
12 Gain, if any, from line 7 or amount from line 8, if applicable						12
13 Gain, if any, from line 31						13 2,701
14 Net gain or (loss) from Form 4684, lines 34 and 41a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17 2,017
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:						
a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a." See instructions						18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2010)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A	WASHER/DRYERS	Various	1/15/10
B	2007 TOYOTO COROLLA	4/17/07	1/07/10
C			
D			
	These columns relate to the properties on lines 19A - 19D.	Property A	Property B
20	Gross sales price (Note: See line 1 before completing)	600.00	9,914.00
21	Cost or other basis plus expense of sale	4,888.00	15,024.19
22	Depreciation (or depletion) allowed or allowable	4,888.00	7,211.62
23	Adjusted basis. Subtract line 22 from line 21		7,812.57
24	Total gain. Subtract line 23 from line 20	600.00	2,101.43
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	4,888.00	7,211.62
b	Enter the smaller of line 24 or 25a	600.00	2,101.43
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291		
a	Additional depreciation after 1975 (see instructions)		
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)		
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e		
d	Additional depreciation after 1969 and before 1976		
e	Enter the smaller of line 26c or 26d		
f	Section 291 amount (corporations only)		
g	Add lines 26b, 26e, and 26f		
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)		
a	Soil, water, and land clearing expenses		
b	Line 27a multiplied by applicable percentage (see instructions)		
c	Enter the smaller of line 24 or 27b		
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs, and depletion (see instructions)		
b	Enter the smaller of line 24 or 28a		
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126 (see instructions)		
b	Enter the smaller of line 24 or 29a (see instructions)		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	2,701.43
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	2,701.43
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation (see instructions)	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35