

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



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury

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

	a Reveni		The diganization may have to use a copy of this fetam to satisfy s		 -			ispection			
			بالتبوين والمساوين والمساوين والمساوين والمساوي والمساوي والمساوي والمساوي والمساوي	and e	_						
		applicable	C Name of organization LIVING ALTERNATIVES, INC.) Employer id	dentification n	umber			
	Address	change	Doing Business As		7	5-2425265					
₁	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E	Telephone n	umber				
	nitial retu	ım	P. O. BOX 131466		8	00-447-289	1				
$\overline{\sqcap}$	Terminate	ed	City, town or post office, state, and ZIP code								
=	mended			5713	G Gross receipts \$ 1,575,830						
=			F Name and address of principal officer	10	 						
ш <i>′</i>	Аррисачо	on pending			1	s a group return		Yes X			
			BEVERLY KLINE 19402 FM 16 W, LINDALE, TX 75771	,	1	all affiliates inclu			No		
I T	ax-exem	pt status:	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	If "N	o," attach a list	(see instructio	ns)			
JV	Vebsite	e: ► W	W LIVALT.ORG		H(c) Grou	p exemption nu	mber ►				
KF	orm of o	rganization	X Corporation Trust Association Other ▶	L Yea	ar of format	^{on·} 1992	M State of le	gal domicile	TX		
_	art I		mmary	1		1992	1	<u></u>	17		
F				DDO	VIDE CL	III D ADODI	TION ODIC	IC DDECNAN	ICV		
	1		describe the organization's mission or most significant activities:					IS PREGNAN	NC T		
ø			RT AND MOTHERS HOME. INSTRUCTION OF LIFE SKILLS TO Y								
SE SE			IANCIES. OPERTION OF THRIFT STORE TO PROVIDE EMPLOYN	MENI	TO PEC	PLE IN NE	D AND FC	K			
Ë	l		RT FOR SERVICE PROGRAMS.								
Š	2	Check t	his box ▶	posed	of more	than 25% of	its net ass	ets.			
∞ಶ	3	Number	r of voting members of the governing body (Part VI, line 1a) .) (; ;	-		3		<u>6</u>		
ijes	4	Number	r of independent voting members of the governing body (Part VI, IIIne	(<u>(D</u>)			4		<u>6</u>		
Activities & Governance	5	Total nu	ımber of individuals employed ın calendar year 2012 (Part V, ∥ine[2a]) · · ·			5		<u>59</u>		
Aci	6	Total nu	umber of volunteers (estimate if necessary)	ς E.D .	M · M · 2 n		6		50		
	7a	Total un	nrelated business revenue from Part VIII, column (C), line 12	3 E F	W 3 ZU	13 . 2	7a	-2,4	483		
	b	Net unre	elated business taxable income from Form 990-T, line 34 .	10 Cas Cas	Continu		7b		937		
				JGU	EN,	Prior Year		Current Year			
	8	Contrib	utions and grants (Part VIII, line 1h)	•		768,	125	841,6	695		
ž	9		n service revenue (Part VIII, line 2g)		526,		676,9				
/en											
9.0	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d),			-5.	017	-3.5	529		
Revenue	10 11		ent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				017 698		529 938		
Reve	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			77,	698	-16,	938		
Reve	11 12	Other re Total rev	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	•		77, 1,367,	698 193	-16,9 1,498,	938 178		
Reve	11 12 13	Other re Total rev Grants	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)			77,	698 193 809	-16,	938 178		
_	11 12 13 14	Other re Total rev Grants a Benefits	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4).			77, 1,367, 337,	698 193 809 0	-16,9 1,498, 322,	938 178 382 0		
_	11 12 13 14 15	Other re Total rev Grants a Benefits Salaries	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10)			77, 1,367,	698 193 809 0 714	-16,9 1,498,	938 178 382 0		
_	11 12 13 14 15 16a	Other re Total rev Grants a Benefits Salaries Profess	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e))	\$40°20' M'	77, 1,367, 337, 278,	698 193 809 0 714	-16,5 1,498, 322, 340,5	938 178 382 0 331		
Expenses Reve	11 12 13 14 15 16a b	Other re Total rev Grants a Benefits Salaries Profess Total fu	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25))		77, 1,367, 337, 278,	698 193 809 0 714 0	-16, 1,498, 322, 340,	938 178 382 0 331 0		
_	11 12 13 14 15 16a b	Other re Total rev Grants a Benefits Salaries Profess Total fu Other e	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)) 	Ferrish Add	77, 1,367, 337, 278, 722,	698 193 809 0 714 0	-16, 1,498, 322, 340,	938 178 382 0 331 0 353		
_	11 12 13 14 15 16a b 17	Other re Total rev Grants a Benefits Salaries Profess Total fu Other e Total ex	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)) 		77, 1,367, 337, 278, 722, 1,339,	698 193 809 0 714 0 751 274	-16,9 1,498,322,3 340,7 745,1,408,	938 178 382 0 331 0 353 066		
Expenses	11 12 13 14 15 16a b 17 18 19	Other re Total rev Grants a Benefits Salaries Profess Total fu Other e Total ex	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)) 		77, 1,367, 337, 278, 722, 1,339, 27,	698 193 809 0 714 0 751 274 919	-16, 1,498, 322, 340, 745, 1,408,	938 178 382 0 331 0 353		
Expenses	11 12 13 14 15 16a b 17 18 19	Other reconstruction of the control	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) le less expenses. Subtract line 18 from line 12) 		77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y	698 193 809 0 714 0 751 274 919	-16, 1,498, 322, 340, 745, 1,408, 90,	938 178 382 0 331 0 353 066 112		
ssets or Expenses	11 12 13 14 15 16a b 17 18 19	Other rev Total rev Grants a Benefits Salaries Profess Total fu Other e Total ex Revenu	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) te less expenses. Subtract line 18 from line 12) 		77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144,	698 193 809 0 714 0 751 274 919 Gear 387	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205,	938 178 382 0 331 0 353 066 112		
ssets or Expenses	11 12 13 14 15 16a b 17 18 19	Other revolutions of the control of	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) te less expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26)) 		77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552,	698 193 809 0 714 0 751 274 919 6ear 387	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
Net Assets or Expenses Fund Balances	11 12 13 14 15 16a b 17 18 19 20 21 22	Other re Total rev Grants a Benefits Salaries Profess Total fu Other e Total ex Revenu Total as Total lia Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) tests or fund balances Subtract line 21 from line 20) 		77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144,	698 193 809 0 714 0 751 274 919 6ear 387	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205,	938 178 382 0 331 0 353 066 112 535 492		
Not Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22	Other reconstruction Total revenue Total as Total lia Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 ssets (Part X, line 16) stets or fund balances Subtract line 21 from line 20 canature Block)	Beginnli	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591,	698 193 809 0 714 0 751 274 919 ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 17t II	Other reconstruction Total revenue Total as Total lia Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) tests or fund balances Subtract line 21 from line 20 canature Block Ty, I declare that I have examined this return, including accompanying schedules and stales.)	Beginnii	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591,	698 193 809 0 714 0 751 274 919 'ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 17t II	Other reconstruction Total revenue Total as Total lia Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 seets (Part X, line 16) abilities (Part X, line 26) tets or fund balances Subtract line 21 from line 20 gnature Block ry, I declare that I have examined this return, including accompanying schedules and statect, and complete Declaration of preparer (other than officer) is based on all information)	Beginnii	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591,	698 193 809 0 714 0 751 274 919 'ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 17 III er penalt	Other reconstruction Total revenue Total as Total lia Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) sional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 seets (Part X, line 16) abilities (Part X, line 26) tets or fund balances Subtract line 21 from line 20 gnature Block ry, I declare that I have examined this return, including accompanying schedules and statect, and complete Declaration of preparer (other than officer) is based on all information)	Beginnii	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, be best of my knowles	698 193 809 0 714 0 751 274 919 'ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
B Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 Int III er penalt belief, it	Other reconstruction Total revenue Total as Total lia Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4). , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e). xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 seets (Part X, line 16). abilities (Part X, line 26). teless or fund balances. Subtract line 21 from line 20. canature Block ry, I declare that I have examined this return, including accompanying schedules and statect, and complete. Declaration of preparer (other than officer) is based on all information. Signature of officer.)	Beginning and to the h preparer	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, b best of my knowles Date Date	698 193 809 0 714 0 751 274 919 ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
S Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 Int III er penalt belief, it	Other reconstruction Total revenue Total as Total lia Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), lines 4) d, other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) tets or fund balances Subtract line 21 from line 20 canature Block Try, I declare that I have examined this return, including accompanying schedules and statect, and complete Declaration of preparer (other than officer) is based on all information Signature of officer Secretary (TR))	Beginning and to the h preparer	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, b best of my knowles Date Date	698 193 809 0 714 0 751 274 919 'ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
S Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 Int III er penalt belief, it	Other reconstruction of the construction of th	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), lines 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) tets or fund balances Subtract line 21 from line 20 canature Block Ty, I declare that I have examined this return, including accompanying schedules and statect, and complete Declaration of preparer (other than officer) is based on all information Signature of officer John According Secretary (Technology) Type or print name and title)	Beginning Beginn	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, a best of my knowles Date	698 193 809 0 714 0 751 274 919 ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523, 1,682,	938 178 382 0 331 0 353 066 112 535 492		
H S un D Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 Int II er penalt belief, it	Other reconstruction of the construction of th	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), lines 4) d, other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) tets or fund balances Subtract line 21 from line 20 canature Block Try, I declare that I have examined this return, including accompanying schedules and statect, and complete Declaration of preparer (other than officer) is based on all information Signature of officer Secretary (TR))	Beginning and to the h preparer	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, be best of my known has any knowle- Date	698 193 809 0 714 0 751 274 919 ear 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523,	938 178 382 0 331 0 353 066 112 535 492		
H C D D D D D D D D D D D D D D D D D D	11 12 13 14 15 16a b 17 18 19 20 21 22 Int III er penalt belief, it	Other retained of the retained	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4). , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e). xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 seets (Part X, line 16). abilities (Part X, line 26). teless or fund balances. Subtract line 21 from line 20. canature Block Ty, I declare that I have examined this return, including accompanying schedules and statect, and complete. Declaration of preparer (other than officer) is based on all information. Signature of officer. Secretion of preparer (other than officer) is based on all information. Signature of officer. Type or print name and title.)	Beginning and to the h preparer	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, a best of my known has any knowle	698 193 809 0 714 0 751 274 919 9ar 387 456 931	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523, 1,682,	938 178 382 0 331 0 353 066 112 535 492		
H S H Ond S H	11 12 13 14 15 16a b 17 18 19 20 21 22 17 III er penalt belief, it	Other retained of the retained	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 seets (Part X, line 16) abilities (Part X, line 26) tests or fund balances Subtract line 21 from line 20 tests or fund balances Subtract line 21 from line 20 tests or fund balances Subtract line 21 from line 20 tests or fund balances Subtract line 21 from line 20 Type or print name and title Type or print name and title myType preparer's name MICHAEL JOHNSON)	Beginnings, and to the hard preparer	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, be best of my known has any knowle	698 193 809 0 714 0 751 274 919 fear 387 456 931 wledge dge	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523, 1,682,	938 178 382 0 331 0 353 066 112 535 492		
H S H Ond S H	11 12 13 14 15 16a b 17 18 19 20 21 22 Int III er penalt belief, it	Other retained from the retain	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4). , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e). xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 sets (Part X, line 16). abilities (Part X, line 26). teles or fund balances Subtract line 21 from line 20. canature Block Tyle or print name and title Type or print name and title Type or print name and title my Type preparer's name MICHAEL JOHNSON m's name MICHAEL JOHNSON, P C)	Beginnings, and to the h preparer Date 8/1	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, be best of my knowhes any knowled Date Date State	698 193 809 0 714 0 751 274 919 (ear 387 456 931 wiedge dge	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523, 1,682, PTIN P01212286	938 178 382 0 331 0 353 066 112 535 492		
SH P Not Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 11 11 19 er penalt belief, it	Other retained from the retain	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) , other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses. Subtract line 18 from line 12 seets (Part X, line 16) abilities (Part X, line 26) tests or fund balances Subtract line 21 from line 20 tests or fund balances Subtract line 21 from line 20 tests or fund balances Subtract line 21 from line 20 tests or fund balances Subtract line 21 from line 20 Type or print name and title Type or print name and title myType preparer's name MICHAEL JOHNSON	o tements	Beginning and to the h preparer Date 8/11	77, 1,367, 337, 278, 722, 1,339, 27, ng of Current Y 2,144, 552, 1,591, b best of my kno has any knowle	698 193 809 0 714 0 751 274 919 919 919 919 919 919 919 919 919 91	-16, 1,498, 322, 340, 745, 1,408, 90, End of Year 2,205, 523, 1,682, PTIN P01212286	938 178 382 0 331 0 353 066 112 535 492		

Form 9	90 (2012)	LIVING ALTERNATIVES, INC	75-2425265	Page 2
Pai	rt ili	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		X
1	PROVI	tescribe the organization's mission: DE CHILD ADOPTION AGENCY, CRISIS PREGNANCY SUPPORT AND MOTHERS HOME. INST KILLS TO YOUNG WOMEN AND MEN INVOLVED IN UNPLANNED PREGNANCIES	RUCTION OF	
	Did the			
2	the prior	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?	Tes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program 6?	Yes	X No
4			a sa magaurad by	
4	expense	e the organization's program service accomplishments for each of its three largest program service: es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.		,
4a	MATER LIFE SH THESE) (Expenses \$ 170,950 including grants of \$) (Revent INITY HOME LICENSED BY THE STATE THAT PROVIDES HOUSING, CONTINUED EDUCATION (ILLS & DECISION MAKING AND PROVIDES FOR TRANSPORTATION TO MEDICAL CARE FOR SERVICES ARE OFFERED FREE OF CHARGE TO ANY GIRL REGARDLESS OF RACE OR RE	N, DEVELOPMEN R PREGNANT WO ELIGION.	OMEN
			•••	
4b	CRISIS) (Expenses \$ 61,175 including grants of \$) (Revenience Assistance Centers Offer Free Testing For Pregnancy, Prenat MATION, AND SEXUAL ABSTINENCE EDUCATION.	AL DEVELOPMEN	<u></u>
			• • • • • • • • • • • • • • • • • • • •	
4c) (Expenses \$ 118,309 including grants of \$) (Revention AGENCY WORKS ALONGSIDE YOUNG WOMEN FACING UNPLANNED PREGNANCY WHITION DECISION		
				·
		(Describe in Cabadata Ca)		
4d	Other p	rogram services. (Describe in Schedule O.) ses \$ 782,986 including grants of \$ 0) (Revenue \$	531,607)	
4-	Tetal =	regram parties expenses. • 1 133 420	001,007	

4

ait	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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,	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	· Great	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable		* 5	119.10
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	والانسسانة	المثغثتمه	بالقائل المائية
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		<u>x</u>
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 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
	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	400		
h	Schedule D, Parts XI and XII	12a		X
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	Ì		
	foreign investments valued at \$100,000 or more? 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	4.5		
4.0	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	-	X
16	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	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>	T
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	 	×
D	IL 165 TO HITE 204, OID THE OPPORTIZATION ALLACITY CODY OF ILS AUDITED HITAHOLD STATEMENTS TO THIS TELLITY	1 = 00	1	1

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

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Х 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III..... 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Χ 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schodule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		7 44	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		+ 4"	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	المنت	*,	4-12-4
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3.	, i	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 59		ا ا	- 4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	12.1	ع ً	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Х
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:			. 33.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ا بَشِ		
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		Х
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 as charitable contributions?	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).	ty . " e"		1 17 7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	م ينور	; اُرِ الْمُحَمِّدُ عَلَيْهِ	e 3
_	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	5.3		*(, " "
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	统	3 36	1
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	1111	الأشادة	د. تأمست
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:	19,71	,	7.6
а	Initiation fees and capital contributions included on Part VIII, line 12], ; ;	115-	'કફાર્દ્
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	B	-17
11	Section 501(c)(12) organizations. Enter:		,	[
a	Gross income from members or shareholders		1 2	100
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1	ı	1
	against amounts due or received from them.)	, ,	٠ <u>.</u>	:
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	, ,	, .	,,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	, ,	<u> </u>	<u> </u>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
_	Note. See the instructions for additional information the organization must report on Schedule O		[
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	,
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand].	<u> </u>	
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	_	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?........... Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No." go to line 13.... 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 13 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization. ► SUE LAWRENCE

P. O. BOX 131466, TYLER, TX 75713

Form 990 (2012)	LIVING ALTERNATIVES, INC.				75-24252	65 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, Key Employees, H	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		y question in this Part '	VII		🖂
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highest Compensated E	mployees		
1a Complete organization's	this table for all persons required to be tax year.	listed. Report co	mpensation for the calend	lar year ending v	with or within the	
of compensat List all List the who received organization a List all \$100,000 of ro List all organization,	of the organization's current officers, di ion. Enter -0- in columns (D), (E), and (of of the organization's current key employ organization's five current highest con reportable compensation (Box 5 of Fortand any related organizations. of the organization's former officers, ke eportable compensation from the organ of the organization's former directors of more than \$10,000 of reportable compensation the following order: individual trustees	F) if no compensivees, if any. See appensated employers and/or Boy employees, arization and any propertrustees that ensation from the	sation was paid. e instructions for definition byees (other than an office ox 7 of Form 1099-MISC) and highest compensated e related organizations. received, in the capacity a e organization and any rel	of "key employer, director, trust of more than \$1 employees who reas a former directated organization	ee." ee, or key emplo 00,000 from the received more that stor or trustee of the	yee) an
•	employees; and former such persons.		atational tradices, emocre	, key employee.	5, 111g/100t	
Check thi	s box if neither the organization nor any	y related organiz	ation compensated any c	urrent officer, dir	rector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or linstitutor director di	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation

(A) Name and Title	(B) Average hours per week (list any	box,	unles er an	neck ss pe d a d	ition more rson irecto	than court that the state of th	an ee)_	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BEVERLY KLINE	40.00									
PRES	0 00	Х	_	Х				10,412		
(2) FRAN PARIS	0 50									
V/P	0.00	X	<u> </u>	X				-		
(3) STAN RICHARDSON	40 00	١.,								
DIR	0.00	X	-	_	_			9,593		
(4) JOHN ALLEGRETTO	40.00	١.,								
SEC/TREASURER	0.00	X		Х	Ш		_			
(5) CAROL MORGAN	40 00	١.,		ŀ						
DIR	0 00	X	├	-	-		⊢			
(6) ELAINE ALLEGRETTO	20.00		Į.						1	
DIR	0.00	<u> X</u>	┝	-	\vdash	<u> </u>	┝			·····
(7) KAREN HOUSTON	40.00	Ì						40.405		
OFFICE PERSONNEL	0 00		₩	-	X		_	10,195		
(8) KEITH JONES	40.00				U			00.700		
TRANSPORTATION MANAGER	0 00		├	┝	Х		_	23,766		
(9) SIDNEY DURLER	40.00					1		05.054		
HUMAN RESOURCES/FUND RAISER	0 00		╁	├	X		 	25,354		
(10) SARI CANTU	40.00			ĺ	U			40 404		
NURSE DIRECTOR	0.00		╁	⊢	X	-		13,101		·
(11) DERRICK HARRIS	40.00		l					40.074		
OPERATIONS (40) SUMMER THOMAS	0 00		┢	-	Х	-		18,971		
(12) SHAWN THOMAS	40.00					l		27.004		
STORE MANAGER	0 00	├	\vdash	├┈	X	<u> </u>	-	27,994		
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more shous) (do not check more and a director/treamployee box, unless person is officer (do not check more than in bots) (do not check more than in bots) (do not check more employee Officer (do not check more than in bots) (do not check more than in bots) (do not check more and in bots) (do not check more than in bots) (do not check more and in bots) (do not check more than in bots) (do not check more and in bots) (d					an	(D) Reportable compensation	(E) Reportable compensation	Est am	(F) imated ount of
		hours for related organizations below dotted line)			Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other ensation om the inization related nizations
(15)												
(16)												
(17)											+	
(18)												
(19)											-	
(20)												
			-		_							
			-	_								
											-	
											-	
(25)												
1b	Sub-total		<u> </u>			<u> </u>		Ļ	139,386))	0
c d	Total from continuation sheets to Part VII, Se	ection A							0 139,386		0	0
2	Total (add lines 1b and 1c). Total number of individuals (including but not line).										<u> </u>	
	reportable compensation from the organization	>			0_							Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Schedi</i>						_		t compensated		3339 MARK 21	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great and vidual.	of reportable con	npens	satio	n a	nd c	other	cor	npensation from			
5	Did any person listed on line 1a receive or accr	•			-			_			4	X X
Sect	for services rendered to the organization? If "Ye tion B. Independent Contractors	es," complete So	chedu	ile J	for	suc	h per	sor	7	· · · · ·	5	X
1	Complete this table for your five highest compe compensation from the organization. Report co year.										stax	
-	(A) Name and business addi	ress							(B) Description of ser	vices	(C) Compens	ation
												0
		 										0
												0
								I				0

Part VIII Statement of Revenue
Check if Schedule O contains a response to any question in this Part VIII.

					(A) Totał revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>`</u>	1a	Federated campaigns	1a	T	र स्मारक राज्य हो।	Toveride	27, 77, 82. 1.	312, 313, 01 314
at at	b	Membership dues		<u> </u>	i si s		193 rm	
b, Grants Amounts	C	Fundraising events			3.11	They wash of my the state		
اتح تع		Related organizations						
	đ	=			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4, 1, 2, 1
Contributions, and Other Sim	e	Government grants (contributions	·	<u> </u>	a a men		1186 1	
를 를	T	All other contributions, gifts, grant			The Carlot	1 1 1 1 1 1 1	The second second	and the second
불림		similar amounts not included abo		685,670	7,2			
5 2	g	Noncash contributions included in li	nes 1a-1f: \$	0	The state of the s	The transfer of the state of th	Land to the state of the	
	h	Total. Add lines 1a–1f		<u>, , , , , , , , , , , , , , , , , , , </u>	841,695	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ا دا د دد	191
93				Business Code	1.46		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
Revenue	2a	KINGS TREASURER STORE TH	IRIFT STOF	452000	531,607	531,607		
å	b	ADOPTION SERVICES		541900	145,343	145,343		
Service	С							
ě	d				0			
	е				0			
Program	f	All other program service revenue)		0			
F .	а	, •			676,950	Manager of the state of the sta	The state of the s	在公司
\neg	3	Investment income (including divi				3 3 12 4 1 1 1 X	- Hart San 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	_	•			418	418		
	4	Income from investment of tax-ex			0	1		
	5	Royalties	•	>	0			
	_	rroyandos	(i) Real	(ii) Personal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 34. 1. Sant 7.		Ex. 27 65 27 15
	6a	Gross rents	12,496		Sind and	Brown Barrier	A CONTRACTOR OF THE STATE OF TH	
	b	Less: rental expenses	14,979					
		Rental income or (loss)	-2,483		"这个人是我们的	"一种"主题"工作"	1. "我一样"	
	C	, ,	-2,40	<u>, </u>	-2.483	- Zina initio	-2.483	10. 32.1
	d	Net rental income or (loss) Gross amount from sales of	(ı) Securities	(II) Other	-Z,403 (7,5)(4)(1)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	To CENTER THE	-2,403	o nako nakowa
	/a	assets other than inventory	(1) 000411405	 				
		•		,	作 通行 基本 過至	The state of the s		高い 電イ かがり
	b	Less: cost or other basis	,	2047			A said	
		and sales expenses	(经验证的	And the second		
	C	Gain or (loss)		-3,947		المستنسبة المستنسبة	india	
	d	Net gain or (loss)		·	-3,947	Bus and The last they and the	4. 84- 2-14 M.	7.5° \$1.7° \$1.7° 14
a)	_					1	د. د د د او او سال	
Ž	Ва	Gross income from fundraising	450.005		The state of the state of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The state of	
Ve.	Ì	events (not including \$	156,025				10 10 10	3
Re		of contributions reported on line 1	· ·			1	The State of the State of	a in the transfer of the
er		See Part IV, line 18		44,271	3. A. C. C.	1 3 6 6		
Other Revenu	b	Less: direct expenses		58,726				
•	С	Net income or (loss) from fundrai	-	<u> </u>	-14,455	725		5 T T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9a	3						
	İ	See Part IV, line 19		0	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	b	•		0	, , ,	· · · · · · · · · · · · · · · · · · ·		
	c	Net income or (loss) from gaming	activities .	. <u></u>	0	<u> </u>		
	10a	Gross sales of inventory, less					1.	
		returns and allowances	a	0				
	b	Less: cost of goods sold	b	0		1 '		
	_ с	Net income or (loss) from sales of	f inventory.	<u> </u>	0			
		Miscellaneous Revenue		Business Code				,
	11a				0	<u> </u>		
	b				0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d		, •	0) '		
	12	Total revenue. See instructions.	. <u></u>	<u> </u>	1,498,178	677,368	-2,483	0

Form 990 (2012) LIVING ALTERNATIVES, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns.	All other organizations must	t complete column (A)
30000011 001(0)(3) and 301(0)(4)	Organizations must complete all columns.	All other organizations musi	i complete column (A)

Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and			" - Just 12 the thin - 1882 - 206	[45] [15] [15]					
	organizations in the United States. See Part IV, line 21	o		(2) 大学文学、関係の管理	Event of the second					
2	Grants and other assistance to individuals in the	-		27 - HOT 1994 1-14	The second					
	United States. See Part IV, line 22	2,086	2,086							
3	Grants and other assistance to governments,	,		[발표]하다 전 201						
	organizations, and individuals outside the			· · · · · · · · · · · · · · · · · · ·	高、高、一次					
	United States. See Part IV, lines 15 and 16	320,296	320,296							
4	Benefits paid to or for members	0		الما من المناهم المناه	William to Red					
5	Compensation of current officers, directors,									
	trustees, and key employees	0								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	310,004	305,463	4,541						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	30,327	28,080	2,247						
11	Fees for services (non-employees):									
а	Management	0								
b	Legal	30,550	30,550							
C	Accounting	6,345		6,345						
d	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0		the factor of the same of the						
f	Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	1,511		1,511						
12	Advertising and promotion	31,688								
13	Office expenses	20,889	3,542	17,347						
14	Information technology	0								
15	Royalties	0			<u> </u>					
16	Occupancy	315,851	203,554							
17	Travel	14,960	1,845	13,115						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	0	10.070	45.000						
20	Interest	29,655	13,973	15,682						
21	Payments to affiliates	70.750	05.070	0.400						
22	Depreciation, depletion, and amortization	73,759 0	65,276	8,483						
23 24	Insurance	<u> </u>	124 J. J.	1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	1 13 4 1 1 1 1					
24	above (List miscellaneous expenses in line 24e. If		and the state of t							
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)		The state of the state of							
а	TRANSPORTATION	56,659	29,890	26,769						
h	TRANSPORTATION	5,774	2,974							
c	SUPPLIES AND FOOD EXPENSES	102,025	71,760							
d	HOME STUDY/TUTIONS	23,877	13,774							
e	All other expenses MISCELLANEOUS	31,810	17,173							
25	Total functional expenses. Add lines 1 through 24e	1,408,066	1,133,420							
26	Joint costs. Complete this line only if the	., .55,556	.,,.55,.25	2. ,,0.10	<u>_</u>					
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here ► X if				[
	following SOP 98-2 (ASC 958-720)									

		Check if Schedule O contains a response to	any question in this Part X .			<u></u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		283,176	1	236,420
	2	Savings and temporary cash investments		10,799	2	16,377
	3	Pledges and grants receivable, net		0	3	0
l	4			4,385	4	6,745
	5	Loans and other receivables from current and fo	ormer officers, directors,	. 高山北部	, v.	· 通知 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10
		trustees, key employees, and highest compensation			1	
					5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section		12.	The same of the sa
	_	4958(f)(1)), persons described in section 4958(c)(3)(B), a	-		, 45, 4 10, 45, 4	
		sponsoring organizations of section 501(c)(9) voluntary e			1	
ts		organizations (see instructions). Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net		0	7	0
¥	8				8	
	9	Prepaid expenses and deferred charges		46,158	9	42,367
	10a	Land, buildings, and equipment cost or			ر د د د د د د د د د د د د د د د د د د د	· 神 · · · · · · · · · · · · · · · · · ·
		other basis. Complete Part VI of Schedule D	10a 2,605,379			
	ь	Less: accumulated depreciation .	10b 712,142	1,798,869	10c	1,893,237
	11			0	11	0
	12	Investments—other securities. See Part IV, line		0	12	0
	13	Investments—program-related. See Part IV, line		0	13	0
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	1,000	15	10,389	
	16	Total assets. Add lines 1 through 15 (must equ		2,144,387	16	2,205,535
	17	Accounts payable and accrued expenses		81,732	17	71,432
	18	Grants payable			18	
	19	Deferred revenue		19_	4,050	
	20	Tax-exempt bond liabilities			20_	
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to current and former				The same of the sa
Liabilities		trustees, key employees, highest compensated	employees, and	San		(2) · 如子子 (2)
ä	ļ	disqualified persons. Complete Part II of Sched	ule L		22	
Ë	23	Secured mortgages and notes payable to unrel	ated third parties	470,724	23	448,010
	24	Unsecured notes and loans payable to unrelate	ed third parties	0	24	0
	25	Other liabilities (including federal income tax, pa	ayables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete			
	1	Part X of Schedule D		<u> </u>	-	0
	26	Total liabilities. Add lines 17 through 25	<u> </u>	552,456		523,492
		Organizations that follow SFAS 117 (ASC 95	8), check here ► X and		5 1 . 15	
ės		complete lines 27 through 29, and lines 33 a		Programme and the state of the		
and	27	Unrestricted net assets		1,590,360	27	1,679,789
3 <u>al</u>	28	Temporarily restricted net assets		1,571	28	2,254
B	29				29	
or Fund Balances		•	_	811		
¥		Organizations that do not follow SFAS 117 (ASC958)	, crieck liefe	1. 大海红色 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
		complete lines 30 through 34.		[30	4
Net Assets	30	Capital stock or trust principal, or current funds			31	
Ą	31	Paid-in or capital surplus, or land, building, or e			32	
řet	32	Retained earnings, endowment, accumulated in		1,591,931		1,682,043
_	33			2,144,387		2,205,535
	34	Total liabilities and net assets/fund balances.	· · · · · · · · · · · · · · · · · · ·	2, 144,307		2,200,000

roiin :	990 (2012) LIVING ALTERNATIVES, INC.	/:	5-2425265	Pag	je 72
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,498	,178
2	Total expenses (must equal Part iX, column (A), line 25)	2			3,066
3	Revenue less expenses. Subtract line 2 from line 1	3		90),112
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,591	,931
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				_
	column (B))	10		1,682	,043
Part					
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>	<u></u>	.	
				Yes	No
1	Accounting method used to prepare the Form 990:			通道	AND
	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?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		***		
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	-	X
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			103243	1
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		. 2c	aria de la constitución de la co	X
	If the organization changed either its oversight process or selection process during the tax year, explain in	• •	. <u>20</u>	3 F 15 5	经报 注请
	Schedule O.			道意	13
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		المعتبد	A Principal	استنتسا
Ja	the Single Audit Act and OMB Circular A-133?		. За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •		-	<u> </u>
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		зь]	
				990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

Inspection Employer identification number

		LTERNATIVE									25265		
	rt I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	e this par	t.) See ir	nstruction	าร.		
	orga			ition because it is: (For									
1	H			ches, or association of			in section	on 170(b)((1)(A)(i).				
2	님			n 170(b)(1)(A)(ii). (Atta		•							
3	H			ospital service organiz									
4			search organiza me, city, and sta	tion operated in conjunte:	ction with	a hospita	l describe	ed in section	on 170(b)	(1)(A)(iii).	Enter t	he	
5				the benefit of a college Complete Part II)	e or unive	rsity owne	d or opera	ated by a g	governme	ntal unıt d	escribe	d	
6		A federal, st	ate, or local gove	ernment or government	tal unit de	scribed in	section 1	170(b)(1)(<i>i</i>	A)(v).				
7				/ receives a substantia 1)(A)(vi). (Complete Pa		s support f	rom a go	vernmenta	al unit or fr	om the ge	eneral p	ublic	
8		A community	trust described	in section 170(b)(1)(A	(Co	mplete Pa	rt II.)						
9	$\overline{\mathbf{X}}$	An organization receipts from support from	tion that normally n activities relate gross investme	receives (1) more that d to its exempt function nt income and unrelate after June 30, 1975. S	an 33 1/39 ns—subje ed busines	% of its sup ct to certa ss taxable	oport from in excepti income (l	ons, and (ess sectio	2) no mor n 511 tax)	e than 33	1/3% o	f its	s
10	\sqcup	_	_	nd operated exclusively			•						
11 e		purposes of 509(a)(3). Coa Type By checking persons other	one or more pub heck the box tha I b T this box, I certify	that the organization in managers and other	eations de supportin e III–Func is not cont	scribed in g organiza tionally int trolled dire	section 5 ation and egrated ectly or inc	09(a)(1) or complete I di T T tirectly by	r section 5 lines 11e t ype III–No one or mo	509(a)(2). hrough 11 on-function ore disqua	See se 1h. nally int llified	tegrate	ed
					£ 41 1	DO 45 -4 14	.	1. 7					
f		-		written determination		RS that it	ıs a Type	ı, Type II,	or Type II	i supporti	ng		
g		_	•	he organization accept		 ft or contri	 hution fro	manvoft	he		• • •		
3		following per		organization accept	, 9.			,					
		(i) A pers	on who directly	or indirectly controls, e	ither alone	e or togeth	er with p	ersons des	scribed in	(II)		Yes	No
				rerning body of the sup							11g(i)	<u> </u>	
			•	person described in (i)						•	11g(ii)	<u> </u>	
h				y of a person described						•	11g(iii)	<u> </u>	
		Provide the following inform the of supported ganization (II) EIN		(lil) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o		the organ	you notify nization in of your port?	(vi) l organizat (i) organiz U :	on in col	(vii) Am	(vii) Amount of monetary support	
					Yes	No	Yes	No	Yes	No	1		
(A)													
/D)								 					
(B)													
(C)		<u>,</u>											
(D) (E)													
\ - /													
Tota			A THE SAME			海山横崖	建			ない。			0

Par	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 liste	ed below, plea	se complete	Part III.)			
	ion A. Public Support		<u>, </u>						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and					, i			
	membership fees received. (Do not								
	ınclude any "unusual grants.")						0		
2	Tax revenues levied for the organization's		ļ						
	benefit and either paid to or expended on								
_	its behalf						0		
3	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge		ļ				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%		Carlo Maria						
	of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4.	THE PARTY OF THE P							
	ion B. Total Support	Part of the second state		经验证的	THE RESERVE OF THE PARTY OF THE	至4.20世纪第一届1973	0		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4	0	1	0	0	0	0		
8	Gross income from interest, dividends,		<u>-</u>			0			
•	payments received on securities loans,								
	rents, royalties and income from similar								
	sources						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		
11	Total support. Add lines 7 through 10		A PARTY NAMED IN	は対象が表	信息を表現る		0		
12	Gross receipts from related activities, etc. (se					12			
13	First five years. If the Form 990 is for the organization								
	organization, check this box and stop here.			· · · · · ·	· · · · · ·		▶ <u> </u>		
-	ion C. Computation of Public Support								
14	Public support percentage for 2012 (line 6, co					14	0.00%		
15	· · · · · · · · · · · · · · · · · · ·								
16a									
L	and stop here. The organization qualifies as a publicly supported organization								
D	b 33 1/3% support test—2011. 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								
4		•					▶ ∟		
17a	7a 10%-facts-and-circumstances test—2012. 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						·		
L	organization				40 400 401		▶ <u> </u>		
D	b 10%-facts-and-circumstances test—2011. 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						. □		
40							🟲 📖		
18	Private foundation. If the organization did n	ot cneck a box	on line 13, 16a,	160, 1/a, or 1	/ D, Check this b	oox and see			

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.)

	the organization falls to qualify a	naci the tests	noted below,	picase comp	nete i ditii.		
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants")	932,618	788,778	779,501	768,125	841,695	4,110,717
2	Gross receipts from admissions, merchandise	502,010	700,770	170,001	700,120	011,000	4,110,717
-	sold or services performed, or facilities furnished						
	in any activity that is related to the	·					
	organization's tax-exempt purpose	529,205	526,703	696,382	524,812	676,950	2,954,052
3	Gross receipts from activities that are not an	020,200	020,700	000,002	024,012	0,0,000	2,004,002
•	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
5	The value of services or facilities						<u>_</u>
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	1,461,823	1,315,481	1,475,883	1,292,937	1,518,645	7,064,769
7a	Amounts included on lines 1, 2, and 3	1,401,020	1,010,701	1,470,000	1,292,937	1,310,043	7,004,703
<i>,</i> a	received from disqualified persons		i				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		i				0
_	Add lines 7a and 7b	0	0	0	0	0	0
C		13-4866-15-23-23-1	U	5 To	U 5 1,725 To 10 10 10 10 10 10 10 10 10 10 10 10 10	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	<u>U</u>
8	Public support (Subtract line 7c from				The state of the s		7.064.760
C	line 6.)	#15年 8月 清重。	CONSTRUCTOR	346 CALSA (11.44.)	CHIT CRIPT	will True T	7,064,769
	tion B. Total Support	4-1.0000	(1.) 0000	(-) 0040	(-1) 0044	(-) 0040	(D. T-1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,461,823	1,315,481	1,475,883	1,292,937	1,518,645	7,064,769
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	5,737	3,584	1,240	2,071	418	13,050
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ı				
	acquired after June 30, 1975		-2,552	-4,344	-3,366	-2,483	-12,745
C	Add lines 10a and 10b	5,737	1,032	-3,104	-1,295	-2,065	305
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	j					
	loss from the sale of capital assets			,			
	(Explain in Part IV)		-1,547	2,017	-5,513	33,947	28,904
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,467,560	1,314,966	1,474,796	1,286,129	1,550,527	7,093,978
14	First five years. If the Form 990 is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(d	c)(3)	
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2012 (line 8, column		e 13. column (f))			15	99 59%
16	Public support percentage from 2011 Schedule A,					16	100.01%
	tion D. Computation of Investment Inco			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 2012 (line 10c,			ımn (fi)	-	17	0 00%
18	Investment income percentage for 2012 (line 10c,					18	0.07%
19a	33 1/3% support tests—2012. If the organization						0.07 78
ıJd							▶ 🗓
ь	not more than 33 1/3%, check this box and stop h	-	•		_		🗠
U	33 1/3% support tests—2011. If the organization line 18 is not more than 33 1/3%, check this box at						
••		•		•		=	·
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b.	check this box a	na see instructioi	ns.,,	▶ [

	1 990 or 990-EZ) 2012 LIVING ALTERNATIVES, INC	75-2425265	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required		0:
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional instructions).		
			
			-
	······································		
			
			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

20**12**

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer Identification number LIVING ALTERNATIVES, INC. 75-2425265 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 Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) . . . 3 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? No Yes 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 Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a а b C Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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:

•	•							•	•	
	ule D (Form 990) 2012 LIVING ALTERNATIVE						75-242			Page 2
Pari 3									tinued	<u>) </u>
3	Using the organization's acquisition, accessuse of its collection items (check all that ap		recoras, c	песк апу	of the followi	ing tha	t are a significant			
а	Public exhibition	<i>γ</i> ρι γ).	а П	Loan	or exchange	nrograi	me			
b	Scholarly research		· '	Other						
			e 📋	Other	•=				- -	
C	Preservation for future generations									
4	Provide a description of the organization's Part XIII.	collections and	explain no	ow they fu	irtner the orga	anızatı	on's exempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•	-				es 🗀	No
Part				· · · · · · · · · ·						
	IV, line 9, or reported an amoun		•	-			100 101 01111	000, 1	***	
1a	Is the organization an agent, trustee, custo					her as	sets not			
	included on Form 990, Part X?		•					☐ Ye	es 🔲	No
b	If "Yes," explain the arrangement in Part X									
								Amount		
C	Beginning balance					10	c			0
d	Additions during the year									
e	Distributions during the year									
t	Ending balance					1	<u>f </u>		_	0
2a	Did the organization include an amount on								es 🔀	No
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.									
Part	V Endowment Funds. Complete	if the organiz	ation ans	wered "	Yes" to Forn	n 990				
		a) Current year	(b) Pno	r year	(c) Two years	back	(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	0								
b	Contributions							-		
С	Net investment earnings, gains,				,					
	and losses			-						
d	Grants or scholarships									
е	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the co	urrent year end	balance (l	ine 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c sh			-					•	
3a	Are there endowment funds not in the pos	session of the c	organizatio	n that are	held and adı	ministe	red for the			
	organization by:							20/3	Yes	No_
	(i) unrelated organizations							3a(i) 3a(ii)	\vdash	
b	(ii) related organizations							3b		
4	Describe in Part XIII the intended uses of the		•					_ 05		
Part										
	Description of property	(a) Cost or o			ost or other	(c) Accumulated	(d) P	look value	—— B
	possipasii si property	(investr			s (other)		depreciation	(-)		-
1a	Land		0		2,605,379	·通过	4.据题了有效性		1,89	3,237
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
е	Other		0		0	l .	0			0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,893,237

Part VII	Investments—Other Securiti	es. 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 d	erivatives	0	
(2) Closely-he	Id equity interests	0	
(3) Other			
(A)			
(B)	***************************************		
(C)			
(D)			
<u>(E)</u>			
(F)	••••••		
(G)			
(<u>H)</u>			
<u>(I)</u>			FOR CE FORTE THOUGHT AND PRACTICATION OF THE PROPERTY OF THE LANGE CONTRACT
	nust equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments—Program Rela	ted. See Form 990, Part 2	(, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
<u>(7)</u>			
(8)	<u> </u>		
(9)			
(10)	nust equal Form 990, Part X, col (B) line 13)		
Part IX		'	
Partix	Other Assets. See Form 990,	(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	·		
(7)			
(8)			
(9)		······	
(10)			
	n (b) must equal Form 990, Part X, co	•	<u> </u>
Part X	Other Liabilities. See Form 9	1	
1.	(a) Description of liability	(b) Book value	
	ncome taxes		
(2)			
(3)	<u></u>		
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)	.,		
(7)			
<u>(8)</u> <u>(9)</u>			
(10)			
(11)		<u> </u>	
	nust equal Form 990, Part X, col (B) line 25)	1	
		f the footnote to the organization's	financial statements that reports the organization's liability
	nositions under FIN 48 (ASC 740) Check be		

	•			•	•
	ale D (Form 990) 2012 LIVING ALTERNATIVES, INC.			75-2425265	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			59 3 6	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	<u> </u>		
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	0
Parl	XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses	per Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				_
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	0
Pari	XIII Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lıne	s 1a and 4, Part I	V, lines 1b and 2	b;
Part \	/, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also	compl	lete this part to pro	ovide any	
addıtı	onal information.				

Schedule,D (Form		LIVING ALT	ERNATIVES, II	NC		 	75-242526	5 F	age 5
Part XIII	Supple	emental Info	ormation (cor	ntinued)					
									_
						 	• • • • • • • • • • • • • • • • • • • •		
						 	· • • • • • • • • • • • • • • • • • • •		
·						 			
						 	·		
· · · · · · · · · · · · · · · · · · ·						 			
						 · 			-
						 	·		
· · · · · · · · · · · · · · · · · · ·						 			
						 	· · · · · · · · · · · · · · · · · · ·		
						 			
		· 				 			
				•		 			
			·			 			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ.

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.

See separate instructions.

OMB No. 1545-0047

Name of the organization Employer identification number LIVING ALTERNATIVES, INC. 75-2425265 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations C X | Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vI) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) fundraiser listed in from activity contributions? organization ∞l. (i) Yes No 1 0 0 0 0 0 0 3 0 0 0 0 0 5 0 0 0 6 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 Total 0 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **ENNIS TOURNAMEN** FOURTH OF JULY (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 104,175 11,297 84,824 200.296 Less: Contributions . . . 80,140 11,297 64,588 156,025 Gross income (line 1 minus line 2) . . 24.035 20,236 44,271 Cash prizes 0 0 Noncash prizes 450 2,591 3,041 Direct Expenses Rent/facility costs 5,107 8,976 14,083 Food and beverages . . . 1,133 370 1,527 3,030 Entertainment 0 9 Other direct expenses . . 19.806 9,334 9,432 38.572 Direct expense summary. Add lines 4 through 9 in column (d) 58,726) 11 Net income summary. Combine line 3, column (d), and line 10. -14.455 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. (b) Pull tabs/instant bingo/progressive bingo Revenue (d) Total gaming (add col (a) through col (c)) (a) Bingo (c) Other gaming Gross revenue 0 Direct Expenses Cash prizes 0 Noncash prizes . 0 Rent/facility costs 0 Other direct expenses Yes % Yes%_ Yes % Volunteer labor. 6 No No No Direct expense summary. Add lines 2 through 5 in column (d) . . . O) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: If "No," explain. -----Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain: .----

Sched	ule G (Form 990 or 990-EZ) 2012 LIVING ALTERNATIVES, INC.	75-	-242	5265	Page 3
11	Does the organization operate gaming activities with nonmembers?		\Box	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?	İ	 ,	Yes [_ ☐ No
13 a	Indicate the percentage of gaming activity operated in: The organization's facility	 13a		163	_] ** 0
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.				
С	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:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	_	_
	retain the state gaming license?		Ш,	Yes L	No
b	or spent in the organization's own exempt activities during the tax year \$				0
Part		olete ti			olumns
					·
					·
-					
					·
					·

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LIVING ALTERNATIVES, INC

Part I

General Information on Grants and Assistance

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

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

▶ Attach to Form 990.

7		
545-004	7	
1545	7	
ş	9	
욁	8	
Ч		

Open to Public Employer Identification number

75-2425265

1 Does	s the organization maints	ain records to su	bstantiate the amou	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, the grantees' e	ligibility for the grants o	r assistance, and	
the so	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants	s or assistance? ures for monitoring t	the use of grant funds in	the United States.			X Yes No
art	Grants and Other Assistance to Governments	Assistance to	Governments a	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	1 the United States	S. Complete if the org	janization answered	d "Yes" to Form 990
	Part IV, line 21, for any recipient that received mo	any recipient tl	hat received more	re than \$5,000. Part II can be duplicated if additional space is needed.	can be duplicated i	if additional space is	needed.	-
1 (a) Name	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 WI	1) YOUTH WITH A MISSION P O BOX 3000	23-7136015	501C3	316.472		Book		OPERATIONS
(2)								
(3)								-
(4)								
(9)								
(9)								
'n								
8)								
(6)								
10)								
1)								
12)								
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	tons listed in the line 1	table			
	Enter total number of other organizations listed in the line 1 tab	rganizations liste	ed in the line 1 table	•			•	•

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

Schedule I (Form 990) (2012)

LIVING ALTERNATIVES, INC.

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional DONATION OF VEHICLE (e) Method of valuation (book, FMV, appraisal, other) Book Book 1,786 (d) Amount of non-cash assistance 300 0 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance information 1 TRANSPORTATION 2 SCHOLARSHIP Part III

ည

9

က

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
LIVING ALTERNATIVES, INC.	75-2425265
Form 990, Part III, Line 4d Program Service Expenses: 419,629, Grants and allocations 0,	
Revenue: 531,607 KING'S TREASURE STORE IS A RESALE STORE THAT SELLS DONATE	D 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: 18,792, Grants and allocations: 0,	
Revenue. 0 BUILDING BLOCKS IS A MENTORING PROGRAM FOR YOUNG WOMEN IN UNI	PLANNED 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 ITE	EMS.
Form 990, Part III, Line 4d. Program Service Expenses: 12,183, Grants and allocations: 0,	
Revenue: 0 KEEPS BOUTIQUE IS A PROGRAM DIRECTED TO GIRLS IN FOSTER CARE IN	THE EAST TEXAS
AREA GIRLS ARE INVITED TO SELECT CLOTHING AND ACCESSOREIS, FREE OF CHAR	GE, WITH THE GOAL OF
AFFIRMING EACH GIRL'S VALUE AND HOPES THAT THEY WILL LEAVE KNOWING THEY A	ARE APPRECIATED FOR
WHO THEY ARE AND THAT GOD SEES THEM WITH LOVING EYES.	
Form 990, Part III, Line 4d. Program Service Expenses: 332,382, 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 ORGA	ANIZATIONS
Form 990 Part VI Section B Line 11A BOARD MEMBERS ARE GIVEN COPIES OF TAX RETUR	RN FOR REVIEW
PRIOR TO FILING WITH IRS	
Form 990 Part VI Section C Line 18 UPON WRITTEN REQUEST THE ORGANIZATION MAKES	S AVAILABLE
COPIES OF GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND TAX RETURNS.	
······	
·····	·

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
LIVING ALTERNATIVES, INC.	75-2425265

LIVINGALTNE LIVING ALTERNATIVES, INC.

75-2425265

Book Current Year Disposals

FYE: 12/31/2012

Page 1

						· · · · · · · · · · · · · · · · · · ·	············	
		Disposal	Disposal	Book	Gross	Expense of	Unrecovered	Book
<u>Asset</u>	Property Description	Date	Method	Cost/Basis	Proceeds	Sale	Book Cost	Gain/Loss
Group	: BUILDINGS							
120	SPRINKLER SYSTEM	12/01/12	Sold	2,646.00	0.00	0.00	265.00	-265.00
			BUILDINGS	2,646.00	0.00	0.00	265.00	-265.00
_								
<u>Group</u> :	: COMPUTERS							
	TIGER MAC	12/01/12	Sold	1,089.66	0.00	0.00	108.96	-108.96
	AIRPORTS/MONITORS	12/01/12	Sold	730.00	0.00	0.00	73.00	-73.00
	COMPUTER - RES	12/01/12	Sold	465.80	0.00	0.00	232.90	-232.90
	COPMUTER - RES	12/01/12	Sold	465.80	0.00	0.00	232.90	-232.90
	COPMUTER - RES	12/01/12	Sold	465.80	0.00	0.00	232.90	-232.90
	COMPUTER	12/01/12	Sold	465.80	0.00	0.00	232.90	-232.90
419	COMPUTER	12/01/12	Sold	600.00	0.00	0.00	300.00	-300.00
		CC	OMPUTERS	4,282.86	0.00	0.00	1,413.56	-1,413.56
Group	FURNITURE AND FIXTURE	s						
		_		7 00.00	2.00	0.00	0.00	
	CHERRY DESK	12/01/12		599.00	0.00	0.00	0.00	0.00
	MURPHYS FURN	12/01/12		5,709.00	0.00	0.00	571.00	-571.00
	CHAIRS AND RUGS	12/01/12	Sold	969.00	0.00	0.00	97.00	-97.00
	GREAT ROOM FURNITURE	12/01/12	Sold	5,465 00	0.00	0.00	0.00	0.00
	GREAT ROOM FURNITURE	12/01/12	Sold	2,473.00	0.00	0 00	0.00	0.00
258	SOFA	12/01/12	Sold	607.77	0.00	0.00	60.78	<u>-60.78</u>
	FUR	NITURE AND	FIXTURES	15,822.77	0.00	0.00	728.78	<u>-728.78</u>
Group	: MACHINERY & EQUIP							
177	RIDING LAWNMOWER	12/01/12	Sold	7,199.00	0.00	0.00	0.00	0.00
	LAPTOP DIRECTOR OFFICE	12/01/12	Sold	3,967.00	0.00	0.00	0.00	0.00
		12/01/12		2,100.00	0.00	0.00	0.00	0.00
	COMPUTER EQUIPMENT		Sold			0.00	0.00	0.00
	COMPUTER	12/01/12	Sold	1,159.00	0.00			
	I BOOK COMPUTER	12/01/12	Sold	1,419 18	0.00	0.00	141.91	-141.91
	POOL FENCE	12/01/12	Sold	2,087.00	0.00	0.00	342.85	-342.85
317	BEST BUY CAMER	12/01/12	Sold	708.93	0.00	0.00	184.82	-184.82
436	VACCUM	12/01/12	Sold	473.50	0.00	0.00	293.12	-293.12
		MACHINER	Y & EQUIP	<u>19,113.61</u>	0.00	0.00	962.70	<u>-962.70</u>
Group	: OFFICE EQUIPMENT							
356	SECURITY CAMERA	12/31/12	Sold	1,567.21	0.00	0.00	576.50	-576.50
		OFFICE E	QUIPMENT	1,567.21	0.00	0.00	576.50	-576.50
Graun	: VEHICLES							
عد		10/04/45	0.11	0.407.00	0.00	0.00	1 705 66	1 70 5 66
X 448	2002 CHEVY CAVALIER	12/01/12		2,435.00	0 00	0.00	1,785.66	-1,785.66
			VEHICLES	2,435 00	0.00	0.00	1,785.66	-1,785.66
			Grand Total	45,867 45	0.00	0 00	5,732.20	-5,732.20

* LISS ASSET - DONATION.

LUSS ON ASSETS

LIVINGALTNE LIVING ALTERNATIVES, INC. 75-2425265 FYE: 12/31/2012

2
$\overline{}$
0
\mathcal{O}
-
೮
N
$\overline{}$
山
>
í.

										-																	
Book Period		30.0 30.0 10.0	10.0 10.0	5.0 5.0	5.0 0.0	30.0 30.0	30.0 10.0	10.0 10.0	0.01	30.0	000	30.0	30.0 30.0	30.0	0.00	10.0	10.0 10.0	15.0	30.0	30.0 30.0	39.0 15.0	30.0	70	390	39.0	39.0 39.0 39.0	15.0
Book Method		S/L S/L S/L	S/L S/L	S/L S/L	S/L S/L	SYL	SL	S/L S/L	S/L S/L	S/L	ZV.	Z.Z.	S/L	S/L	S/L	S/L S/L	S/L S/L	Z/S	Z.Z.	S/L S/L	S/L S/L	78 8	75 55	7.S	ZZ.	S.T. S.T.	S/L
Book Net Book Value		61,000.35 3,570.00 433.00	0.00	0.00 0.00	0.00 0.00	40,328.86 23,900.71	1,959.00 200.00	538.00 265.00	495.00	48,619.94	133.00	13,072.00	1,030.40 825.60	19,451.64	0.00	0.00	0.00	5,456.76	47,067.00	20,204.00 144,714.36	7,736.60 6.148.02	21,991.64	2,865.7	25,192.78	83,771.73	- YS YS	3,193.50
Book End Depr		170,266.23 6,630.00 14,946.00	4,805.00 9,340.00	801.00 600.00	178.00 783.00	8,227.14 20,972.29	1,891.00	4,846.00 2,381.00	4,455.00	5,909.06	1,197.00	2,513.00	578.40	12,233.36	1,200.00	1,800.00	4,916.00 1,995.00	9,656.24	933.00	401.00	386.19 833.98	7,008.36	15,788.22	2,290.27	1,754.40	290.03 1,022.18	1,194.50
Book Current Depreciation		7,708.89 340.00 0.00	0.00	0.00	0.00 0.00	606.93 1,345.83	115.50 0.00	0.00 0.00	0.00	422.20	000	0.00	46.80	1,056.17	0.00	90.00	244.80 198.50	1,007.53	0.00	496.31	52.07 116.37	966.67	2,398.21	352.35	328.95	58.99 58.99 250.33	292.53
Book Prior Depreciation		162,557.34 6,290.00 14,946.00	4,805.00 9,340.00	801.00 600.00	178.00 783.00	7,620.21 19,626.46	1,775.50	4,846.00 2,381.00	4,455.00	5,486.86	1,197.00	2,513.00	531.60	11,177.19	1,200.00	1,710.00	4,671.20 1,796.50	8,648.71	933.00	3,680.97	334.12 717.61	6,041.69	13,390.01	1,937.92	1,425.45	231.04 231.04 771.85	901.97
Book Sal Value		0.00 0.00 433.00	0.00	0.00 0.00	0.00 0.00	30,348.00 4,498.00	385 00 200.00	538.00 265.00	495.00 170.00	41,863.00	133.00	13,072.00	0.00	0.00	00.0	0.00	0.00	0.00	47,067.00	20,204.00 134,002.48	6,092.09	14,500.00	1,866.54	13,741.53	72,697.21	29,507.80 0.00 29,607.12	0.00
Book Sec 179 Exp		0.00	0.00 0.00	0.00	0.00 0.00	0.00 0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	00.0	0.00 5,236.50	0.00	0.00	0.00	0.00	0000	0.00
Book Cost		231,266.58 10,200.00 15,379.00	4,805.00 9,340.00	801.00 600.00	178.00 783.00	48,556.00 44,873.00	3,850.00 2,003.00	5,384.00 2,646.00	4,950.00 1.700.00	54,529.00	1,330.00	15,585.00	1,404.00	31,685.00	1,200.00	1,800.00	4,916.00 1,995.00	15,113.00	48,000.00	148,891.64	8,122.79 6,982.00	29,000.00	18,654.01	27,483.05	85,526.13	2,844.27 2,300.60 39,369.85	4,388.00
Date In Service		3/22/93 4/02/93 7/19/93	1/01/94	12/31/94 11/27/95	11/29/95 1/05/96	2/26/96 6/01/97	6/01/98	8/11/98 6/11/98	6/01/98	6/01/99	6/01/99	2/17/00	6/01/00 6/01/00	6/01/00	1/10/02	6/17/02	7/02/02 1/02/03	6/13/03	6/01/04	8/01/04 8/01/04	7/20/05 11/04/05	10/04/05	901/09	6/30/06	9/07/07	2/13/08 11/30/08	11/25/08
d Property Description	Group: BUILDINGS	BUILDING HWY 110 MOTHERS NEW FOUNDATION IMPROVEMENTS	NEW ROOF MISC IMPROVEMENTS	3 TON HEAT PUMP CEMENT	STEEL CULVERTS LOWES BUILDING IMPROV	HOUSE BAXTER ST IMPROVEMENTS	APACHE BULIDING SYSTEM DRIVEWAY & SIDEWALK	SINGLE STAFF HOUSE SPRINKLER SYSTEM	BUNGELOW TRAILER PAD ELEC LINE	LOVING OFFICE BUILDING FH FOI INDATION	2 TON AC	SCHOOL ROOM CONSTRUCTIO	WELL PUMP & LABOR	LAND & BLDG IMPROVEMENT TRANE A/C	AIR CONDITIONER	INSTALL POWER FEEDERS	INSTALL FRAME SYS/ AC FLOORING	AEROBIC SEPTIC MOBILE HOME	HOUSE/RICHARDSON	BUILDING NEW MEXICO	RV PAD ELEC/PLUMBING SPETIC SYSTEM	1996 GALAXY MOBILE HOME RIJILDING - KINGS TREASTIRE	CABINETS	OFFICE EXPANSION MATERNITY HOME DEMONE	BUILDING-1009 BAXTER MH PENOVATIONS 2007	LANDSCAPING KEEPS BUILDING	FENCE PRC
d Asset t	Group:	48 49 51	26 26	99 99	8 69	22	106	119 120 d	121 124	145	153	170	179	180 196	201	503 503 503	210 216	219	223	774 776	239 240	262 268	278	288	315	358 367	373

LIVINGALTNE LIVING ALTERNATIVES, INC. 75-2425265 FYE: 12/31/2012

1
5.0 5.0 5.0
S/L S/L
169.74 464 93 492.10
509.21 803 07 1,148.25
135.79 253.60 328.07
373.42 549.47 820.18
0.00 0.00 0.00
0.00 0.00 0.00
678.95 1,268.00 1,640.35
3/31/09 11/01/09 6/29/09

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

IVINGALTNE LIVING ALTERNATIVES, INC.	Book As	
LIVINGALTNE LIV	75-2425265	FYE: 12/31/2012

•		
Book Period	88888888888888888888888888888888888888	8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Book Method	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%
Book Net Book Value	232.90 232.90 232.90 232.90 300.00 657.05 1,177.03 778.11 1,298.33 887.36 1,138.47 1,310.36 1,310.36 669.65 669.65 669.65 1,413.56 1,413.56	0.00 460.00 97.00 150.00 0.00 0.00 0.00 0.00 0.00 45.00 45.59 60 78 60 78 60 78 60 78 136.54 164.14 98.30 103.68
Book End Depr	232.90 232.90 232.90 232.90 300.00 574.93 731.67 483.69 259.67 117.20 11.35 11.35 40.67 32,220.84 2,869.30	599.00 4,144.00 872.00 1,350.00 5,465.00 1,405.00 2,473.00 546.00 1,371.00 1,227.33 694.59 1,227.33 694.59 1,206.44 1,206.44 1,206.44 331.68
Book Current Depreciation	85.40 85.40 85.40 85.40 110.00 246.40 381.74 252.36 252.36 117.20 11.35 11.35 4,648.76 6.00 0.00 4,648.76	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Book Prior Depreciation	147.50 147.50 147.50 147.50 190.00 328.53 349.93 231.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$99.00 \$,138.00 872.00 1,350.00 5,465.00 1,405.00 1,548.00 405.58 405.58 405.58 1,029.96 1,029.96 1,029.96 1,029.96 1,029.96 1,029.96 1,020.86 276.40 334.25
Book Sal Value	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 460.00 97.00 150.00 0.00 0.00 0.00 0.00 0.00 0.00
Book Sec 179 Exp c	3000 0000 0000 0000 0000 0000 0000 000	000000000000000000000000000000000000000
Book Cost	465.80 465.80 465.80 465.80 600.00 1,231.98 1,558 00 1,004.56 1,564.97 1,578.00 681.00 681.00 681.00 681.00 49,976.51 45,693.65	599 00 4,604.00 969.00 1,500.00 5,465.00 1,405.00 2,473.00 2,473.00 1,526.00 1,548.00 1,548.00 1,548.00 1,548.00 1,548.00 1,489.00 1,499.00 584.10 405.56 1,443.64 429.98 519.97
Date In Service	\$/20/10 \$/20/10 \$/20/10 \$/20/10 \$/20/10 \$/20/10 \$/3/11 \$/3/11 \$/25/12 \$/16/12 \$/16/12 \$/16/12 \$/25/12 \$/16/12 \$/25/12	1/01/90 6/01/98 6/11/98 6/01/99 6/01/99 1/31/00 3/14/00 3/14/00 3/14/00 3/14/00 3/16/00 1/01/99 1/31/00 1/01/05 2/15/05 2/15/05 2/15/05 2/15/05 2/15/05 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06 1/03/06
Asset t Property Description Group: COMPUTERS (continued)	415 d COMPUTER - RES 416 d COPMUTER - RES 5/20/10 417 d COPMUTER - RES 5/20/10 418 d COMPUTER 419 d COMPUTER 430 MAC COMPUTER 441 APPLE COMPUTER 6/03/10 442 APPLE COMPUTER 6/03/11 442 APPLE COMPUTER 7/23/11 443 APPLE COMPUTER 6/23/11 453 IPAD BEV KLINE 6/25/12 454 MAC COMPUTER 6/25/12 494 MAC MINI SERVER/MAC MINI 2/25/12 495 MAC MINI 497 MAC MINI 497 MAC MINI 498 MAC PRO ZOP1 12/12/12 498 MAC PRO ZOP1 12/15/12 COMPUTERS 6/25/12 12/15/12 498 MAC PRO ZOP1 12/15/12	39 d CHERRY DESK 115 d MURPHYS FURN 143 8 BEDS 148 d CHAIRS AND RUGS 152 F H SIGN 169 d GREAT ROOM FURNITURE 171 MAIL. BOXES 172 d GREAT ROOM FURNITURE 173 d GREAT ROOM FURNITURE 174 FRAMES/CLASSROOM POSTER 184 FURNITURE F H BEDROOM 187 F H BEDROOM FURNITURE 225 CHAIR 225 CHAIR 226 CHAIR 226 CHAIR 227 LOVESEAT 228 d SOFA 239 PHILBECK - HUTCH 236 290 BASSETT COCKTAIL TABLE 230 PICTURE-RIVER AND SKY 301 BAR STOOLS 312 DESK 313 WORKSTATION

LIVINGALTNE LIVING ALTERNATIVES, INC.

75-2425265

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

7
Ξ
ب
\mathcal{O}
7
\mathfrak{C}
2
~
úi
$\overline{\mathbf{x}}$
Ĺ

	•
Book Period	77777777777777777777777777777777777777
Book Method	\$
Book Value	67.76 93.84 905.73 905.73 905.73 905.73 905.73 905.73 905.73 905.73 905.73 905.73 905.73 905.73 119.02 119.
Book End Depr	192.22 147.84 369.61 1,688.12 1,888.12 122.03 1,488.12 147.14 1,256.03 1,722.85 807.18 807.18 807.18 807.18 1,722.85 80.94 487.70 1,393.09
Book Current Depreciation	33.43 464.28 465.28 140.32 10.00 10.00 14.14 10.00 14.14 10.00 14.16 14.16 16.
Book Prior Depreciation	158.79 106.06 488.58 121.15 2,002.10 643.14 1,385.77 106.06 488.58 121.55 243.63 304.67 1,139.80 276.00 1,139.80
Book Sal Value	25.99 33
Book Sec 179 Exp	
Book	259.88 3,336.85 1,091.40 2,315.88 1,091.40 2,395.95 1,091.40 1,995.00 1,995.00 1,995.00 1,995.00 1,995.00 1,995.00 1,995.00 1,852.92 2,071.40
Date In Service inued)	4/11/07 4/11/07 4/11/07 4/11/07 5/01/07 5/01/07 5/17/07 5/17/07 4/07/07 4/07/07 4/07/07 4/07/07 4/07/07 4/07/07 4/07/07 4/07/07 4/07/07 6/13/07 6/13/07 7/116/07 7/116/07 7/116/07 7/116/07 7/116/07 7/116/07 7/116/07 7/116/07 7/116/07 7/116/09 8/20/08 6/23/08 6/23/08 6/23/08 6/23/08 6/23/08 6/23/08 6/23/08 6/23/08 11/09/09 11/03/09 11/03/09 11/03/09
d t Property Description Serv FURNITURE AND FIXTURES (continued)	CHAIR OFFICE MAX L ARM DESK OFFICE MAX DESK OFFICE MAX HUTCH OFFICE MAX NEW FURN MH 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 12 CHAIRS 13 CHAIRS 14 CHAIR 60" WRITING DESK LIBRARY OPEN BASE 48" NANO HUTCH LIBRARY OPEN BASE 48" NANO HUTCH LIBRARY OPEN BASE 48" NANO DESK BAROLO DISPLAY CASE TV TERRYS FURNITURE HAVERTY FURNITURE CHAIR OFFICE MAX POTTERY BARN FURNITURE CHAIR OFFICE MAX POTTERY BARN FURNITURE CHAIR OFFICE MAX POTTERY BARN FURNITURE CHAIR SOFA 5 X 8 RUG POTTERY BARN SOFA POTTERY BARN RUG CHAIR & OTTOMAN SOFA POTTERY BARN SOFA POTTERY BARN RUG CHAIR & OTTOMAN SOFA POTTERY BARN SOFA POTTERY BARN RUG CHAIR & OTTOMAN SOFA POTTERY BARN RUG CHAIRS DESSER MH DRESSER M
Asset Group:	80000000000000000000000000000000000000

LIVINGALTNE LIVING ALTERNATIVES, INC. 75-2425265 FYE: 12/31/2012

Page 5

Book Period	7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0	20.0 7.0 15.0 39.0 39.0 15.0 15.0 7.0	000000	30.0
Book Method	***************************************	zzzzzzz	Land Land Land Land Land Land	S/L S/L
Book Net Book Value	506.30 3,422.02 1,908.86 1,003.23 884.66 1,089.23 4,059.78 1,435.73 1,435.73 1,640.42 962.48 766.32 453.57 38,716.98 37,988.20	89,897.06 857.15 10,232.64 20,846.47 5,725.64 5,680.90 1,022.67 4,459.64 16,682.14	72,212.42 12,319.00 15,831.00 39,870.00 156,081.37 16,400.00 39,750.00	195.00 6,410.80
Book End Depr	92.70 263.23 146.84 77.17 93.12 114.66 427.35 142.96 151.13 172.68 87.50 28.38 0.00 66,251.30 15,093.99	37,165.90 1,542.85 292.36 270.73 74.36 516.45 17.33 17.33 17.58 101.36 617.86	0000	1,757.00
Book Current Depreciation	85.57 263.23 146.84 77.17 93.12 114.66 427.35 142.96 151.13 172.68 87.50 28.38 0.00 9,040.96	5,717.83 308.57 292.36 270.73 74.36 516.45 17.33 17.58 101.36 617.86	000000000000000000000000000000000000000	0.00 369.90
Book Prior Depreciation	7.13 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	31,448.07 1,234.28 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	0.00	1,757.00
Book Sal Value	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	12,706.29 240.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00	195.00
Book Sec 179 Exp	000000000000000000000000000000000000000	0.0000000000000000000000000000000000000	0.00	0.00
Book	599.00 3,685.25 2,055.70 1,080.40 977.78 1,203.89 4,487.13 1,501.05 1,586.86 1,813.10 1,049.98 794.70 453.57 104,968.28 15,822.77 89,145.51	127,062.96 2,400.00 10,525.00 21,117.20 5,800.00 6,197.35 1,040.00 4,561.00 17,300.00	72,212.42 12,319.00 15,831.00 39,870.00 156,081.37 16,400.00 39,750.00	1,952.00
Date In Service Itinued)	12/09/11 6/25/12 6/25/12 6/25/12 4/19/12 4/19/12 4/19/12 4/19/12 4/19/12 6/07/12 10/08/12 12/19/12 EIXTURES	6/16/06 1/02/08 8/02/12 8/02/12 7/10/12 8/10/12 10/09/12 9/27/12 IEN 8/16/12 9/28/12	3/22/93 2/26/96 6/01/99 8/01/04 8/24/06 9/07/07 2/05/09	9/06/5
Date L Property Description Serv FURNITURE AND FIXTURES (continued)	SAM'S CLUB TV CLOTH RACKS CLOTHES RACKS CLOTHES RACKS CLOTHES RACKS CLOTHES RACKS CLOTHES RACKS CLOTHES RACKS KITCHEN ISLAND 8 SLAT BACK SIDE CHAIRS 4 19/12 3 DINING TABLES/4 CHARIS EA 4/19/12 TABLE WITH 4 CHAIRS CHAIR KITCHEN ISLAND KITCHEN ISLAND WOOD SHED FURNITURE BED FOR AFTER CARE 12/19/12 *Less: Dispositions and Transfers Net FURNITURE AND FIXTURES	OVEMENTS JL RPET SL HOUSE FENCING ASEHOLD IMPR-LAS UNIT LAS CRUSES UNIT LAS	LAND LAND - HWY 110 BAXTER HOUSE LAND LOVING OFFICE LAND LAND NEW MEXICO LAND - KINGS TREASURE LAND - 1009 BAXTER LAND - KT NO 2	Group: LANDSCAPING 154 GRASS & SOD 176 GRAVEL AND ROADS
Asset t Group:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Group: J 290 359 455 469 470 471 471 477 491	Group: LAND 47 LAI 73 BAI 146 LOI 227 LAI 269 LAI 316 LAI 404 LAI	Group: 1 154 176

Page 6 10.0 Book 50.055.00 Book Method S_L 0.00 Book Net Book Value 6,605.80 59,111.12 5,515.46 499.80 494.30 2,500.00 220.00 1,796.00 161.00 1,796.00 1,025.00 1,025.00 1,020.00 1,135.00 1,135.00 1,135.00 1,135.00 1,277.27 197.10 1,277.27 1,460.12 1,460.12 1,460.12 1,444.15 2,200.50 2,200.50 2,200.50 9,443.20 3,000.00 524.11 718.27 20,888.88 5,784.54 524.20 408.31 Book End Depr Book Current Depreciation 75.00 444.90 ,333.33 ,614.29 146.29 128.94 403.43 1/01/12 - 12/31/12 Book Prior Depreciation 2,500.00 220.00 1,796.00 161.00 3,019,00 1,075,00 1,221.00 1,089,00 903.00 2,925.00 7,199,00 1,100.00 1,159,00 1,159,00 1,159,00 1,159,00 1,159,00 1,159,00 1,150,00 1,150,00 1,277,27 197.10 315.00 1,350.00 281.01 213.45 240.48 714.28 714.28 2.214.69 23.3.3 1,435.70 1,238.33 3,319.35 1,498.18 1,498.18 1,498.18 2,925.00 8,998.30 440.56 576.97 15,555.55 4,170.25 377.91 279.37 1,684.40 241.21 000 195.00 0.00 0.00 0.00 18.00 335.00 119.00 136.00 121.00 750.00 103.69 182.50 502.57 141.91 21.90 35.00 40.34 33.20 33.50 99.50 462.40 87.50 208.70 33.00 244.50 1,912.00 39.49 70.89 109.90 200.00 172.50 Book Sal Value **Book Asset Detail** 0.00c0.00 Book Sec 179 Exp 2,500,00 220,00 1,996,00 179,00 1,194,00 1,194,00 1,194,00 1,100,00 1,100,00 1,100,00 1,100,00 1,100,00 1,119,00 1,119,00 1,119,00 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,119,10 1,190,00 1,190,00 1,190,00 1,190,00 1,500,00 1,500,00 4,624.00 875.00 2,087.00 330.00 2,445.00 19,120.00 394.98 708.93 1,099.00 11,300.00 1,024.00 403.47 332.00 335.00 995.00 3,085.13 325.00 2,000.00 1,725.00 3,000.00 16,049.00 Book Cost LIVINGALTNE LIVING ALTERNATIVES, INC. Date In Service LANDSCAPING 5/31/00 6/12/00 5/06/05 8/01/06 90/10/9 90/10/9 6/05/06 12/07/07 12/06/07 4/09/07 3/28/02 6/01/98 6/08/05 6/15/05 90/10/9 6/01/06 6/01/06 6/01/06 5/05/97 6/04/97 6/01/98 6/04/01 6/07/01 1/12/05 8/01/05 5/11/05 2/18/06 2/06/05 9/11/09 1/09/0 Borge TV SIGN - KINGS TREASURER
PRESSURE WASHER
BEST BUY CAMER
LEAF SUPER VAC
CELL TOWER
TURF TIGER MOWER
MOHAWK CUTTER TURF TIGEF I BOOK COMPUTER PROJECTOR CASE DISHWASHER SURROUND SYSTEM/SPEAKER 5 MECHINICAL DOLLS HPGMP LASERJET PUMP FUSON TRAILER IMPROVEMEN RIDING LAWNMOWER LAPTOP DIRECTOR OFFICE Property Description ALARM SYSTEM SAMS AIR COMPRESSOR 2 TON AC UNIT COMPUTER EQUIPMENT COMPUTER Group: LANDSCAPING (continued) COOKTOP/GRIDDLE STAINLESS TABLE POOL FENCE APPLIANCES - DONS Group: MACHINERY & EQUIP **AEROBIC DESIGN** MAC COMPUTER COMPUTER TABLE SAW SHOW TOPPERS SHOW TOPPERS REFRIGERATOR 2 STAGE PUMP SENTE P MICROWAVE DISHWASHER **VENT HOOD** PROJECTOR CHAIN SAW PROJECTOR GAS STOVE GAS FRYER FYE: 12/31/2012 MIXER KT SIGN 75-2425265 (J ㅁ+-| Asset 204

LIVINGALTNE LIVING ALTERNATIVES, INC. 75-2425265 FYE: 12/31/2012

7
$\overline{}$
0
2
7
က
\vec{c}
~
:
Ш
>
Ĺ

Book Period	0.0000000000000000000000000000000000000		0.000000000000000000000000000000000000	5.0 5.0 5.0 7.0 7.0
Book Method	72722222222222222222222222222222222222		72 22 22 22 22 22 22 22 22 22 22 22 22 2	S. S. S. S. S. S. S. S. S. S. S. S. S. S
Book Net Book Value	333.39 1,257.19 1,314.34 427.36 602.15 602.15 602.15 293.12 1,267.92 9,099.11 383.33 942.97 415.00	107,473.64 962.70 106,510.94	0.00 325.16 307.09 146.00 576.50 594.63 1,836.67 1,560.00 6,077.37 312.72 11,736.14 576.50	432.00 305.55 120.00 1,029.57 866.00 850.23 3,603.35
Book End Depr	262.45 1,038.54 480.65 213.69 244.96 235.89 235.89 180.38 3,899.61 116.67 72.54	100,188.31 18,150.91 82,037.40	733.95 864.95 872.89 637.87 1,314.00 990.71 1,403.36 1,963.33 2,040.00 4,137.03 42.26 15,000.35 990.71	3,888.00 2,749.95 1,080.00 9,266.09 433.00 402.73
Book Current Depreciation	85.12 327.96 230.71 91.58 108.87 108.87 108.87 62.01 237.74 2,599.74 100.00 72.54 5.00 49.86	15,750.21 0.00 15,750.21	0.00 43.25 154 04 121.50 43.80 201.50 285.43 760.00 720.00 1,838.68 4,210.46 4,210.46 4,210.46	0.00 0.00 0.00 185.57 178.99 364.56
Book Prior Depreciation	177.33 710.58 249.94 122.11 136.09 127.02 136.09 118.37 15.89.87 1,299.87 16.67 0.00 0.00	84,438.10 17,759.38 66,678.72	733.95 821.70 718.85 516.37 1,270.20 789.21 1,117.93 1,203.33 1,320.00 2,298.35 0.00 10,789.89 789.21	3,888.00 2,749.95 1,080.00 9,266.09 247.43 223.74 17,455.21
Book Sal Value	0.00 180.00 0.00 85.00 85.00 85.00 0.00 0.00 0	7,525.00 421.50 7,103.50	0.00 0.00 119.80 94.49 146.00 156.72 0.00 0.00 1,021.00 1,538.01 1,381.29	432.00 305.55 120.00 1,029.57 0.00 0.00
Book Sec 179 Exp	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.000	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00
Book	595.84 2,295.73 1,794.99 641.05 847.11 847.11 847.11 473.50 1,664.15 12,998.72 500.00 1,015.51 420.00 349.00	207,661.95 19,113.61 188,548.34	733.95 864.95 1,198.05 944.96 1,460.00 1,567.21 1,997.99 3,800.00 3,600.00 10,214.40 354.98 26,736.49 1,567.21	4,320.00 3,055.50 1,200.00 10,295.66 1,299.00 1,252.96
Date In Service	12/09/09 10/21/09 12/14/10 9/09/10 10/03/10 10/03/10 10/03/10 3/16/10 4/28/11 6/17/11 11/14/11 6/25/12	& EQUIP Transfers & EQUIP	8/01/05 4/01/07 4/16/07 9/16/07 2/16/07 1/24/08 2/04/08 6/01/10 2/28/10 9/29/10 3/13/12 UIPMENT	9/20/04 8/12/05 6/14/06 11/03/06 8/18/10 10/04/10
d Asset t Property Description Group: MACHINERY & EQUIP (continued)	409 FREEZER 411 DISHWASHER ELECTRICAL 420 ICE MACHINE 423 TREE TRIMMER 424 WASHER 425 WASHER 426 DRYER 427 DRYER 436 d VACCUM 437 AUTOMATICE POOL SWEEPER 438 DRE ULTRASOUND MACH 447 LOG SPLITTER 447 LOG SPLITTER 447 LABEL & TAG MACHINE 478 LEAF BLOWER 478 LEAF BLOWER 478 WASHER/DRYER SAGARSEE TI	MACHINERY & EQUIP *Less: Dispositions and Transfers Net MACHINERY & EQUIP Group: OFFICE EQUIPMENT	236 SOFTWARE SYSTEM 4/01/07 318 PROJECTOR SYSTEM 4/16/07 319 VIDEO PROJECTOR 9/16/07 321 VOICE MAIL SYSTEM 9/16/07 325 d SECURITY CAMERA 1/24/08 375 ANSI LUMEN PROJECTOR 2/04/08 421 TELEPHONE SYSTEM 6/01/10 429 PHONE SYSTEM 6/01/10 429 PHONE SYSTEM 2/28/10 431 2 BIZHUB COPIERS 3/13/12 459 FOUR FILE DRAWER 3/13/12 **Less: Dispositions and Transfers Net OFFICE EQUIPMENT	Group: SIGN 228 SIGN 238 PHC MARQUE 265 SIGN - KT 266 SIGN - KT 432 ROXY DISPLAY 433 SIGN
Asset Group	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u> </u>	236 308 318 319 321 321 421 421 421 421 421	Groun 228 238 265 265 266 433 433

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

FYE: 12/31/2012

•	
Book Period	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Book Method	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%
Book Value	1,083.00 130.00 371.50 1,125.10 1,890.70 680.00 1,647.48 957.00 1,004.25 5,933.75 5,933.75 3,103.33 7,934.29 36,332.94 1,785.66 34,547.28 36,332.94 1,785.66 34,547.28
Book End Depr	9,803.00 740.00 3,343.50 10,125.90 17,016.30 6,120.00 1,061.77 14,827.31 3,630.75 5,816.25 1,558.33 951.77 649.34 696.67 1,220.66 81,324.55 649.34 80,675.21
Book Current Depreciation	0.00 0.00 0.00 0.00 0.00 0.00 988.50 852.00 2,115.00 1,100.00 815.80 446.42 696.67 1,220.66 9,162.05 0.00 9,162.05
Book Prior Depreciation	9,803.00 740.00 3,343.50 10,125.90 17,016.30 6,120.00 1,061.77 13,838.81 2,911.00 2,703.75 3,701.25 3,701.25 72,162.50 0.00 0.00 72,162.50 202.92 71,959.58 71,959.58
Book Sal Value	1,083.00 130.00 371.50 1,125.10 1,890.70 680.00 11,75.00 1,175.00 1,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
Book Sec 179 Exp. c	0.00 0.
Book	10,886.00 870.00 3,715.00 11,251.00 18,907.00 6,800.00 1,179.75 16,474.79 4,675.00 7,000.00 4,635.00 11,7657.49 2,435.00 3,800.00 9,154.95 117,657.49 117,657.49 117,657.49 2,435.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00 3,800.00
Date In Service	5/01/98 10/13/00 12/20/00 8/20/02 N 11/07/02 4/19/05 9/28/06 4/17/07 7/31/08 S 2/03/09 N 3/18/10 17/25/11 11/02/11 1/31/12 S/04/12 Net VEHICLES Net VEHICLES Net Crand Total
d Property Description Group: VEHICLES	1997 TOYOTA CAMRY FLATBED TRAILER 2 GOLF CARTS 2 GOLF CARTS 2 10/13/00 2 1 RANGER TRAILER 2 2002 TOYOTA SIENNA VAN 3 11/07/02 8 SIGN ON TRUCK 1992 CHEV TRUCK GM4 2 2007 TOYOTA COROLLA 1992 CHEV TRUCK GM4 2 2005 TOYOTA SIENNA VAN 2 2005 TOYOTA TUNDRA 2 2005 TOYOTA SIENNA VAN 2 2005 TOYOTA TUNDRA 2 2005 FORD EXPEDITION 1 1988 CHEVROLET PICKUP 1 1988 CHEVROLET PICKUP 2 2005 FORD BOX TRUCK 2 5/04/12 2 2005 FORD BOX TRUCK 3 11/02/11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Asset t Group:	107 186 190 213 2214 3354 440 4446 472 472

PEPRECERTIES PROPERTY

<5333.33>

13,957.27

Part II (Sch I (990)) - Grants and Other Assistance to Governments and Organizations in the US

									Amount of		Description of	•
						Recipient's	RC Code	Amount of	Non-Cash	Method of	Non-Cash	Purpose of
Name of Organization	Address	Ctty	State	Zıp Code	Foreign Country	EN	Section	Cash Grant	Assistance	Valuation	Grant	Grant
YOUTH WITH A MISSION	P O BOX 3000	GARDEN VALLEY	×	75701		23-7136015	50103	316,472		Book		OPERATIONS