



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)

**2012**

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

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

**A For the 2012 calendar year, or tax year beginning** 09-01, 2012, and ending 08-31, 2013

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

**C Name of organization** ALPHA HOME INC  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 300 E MULBERRY  
 City, town or post office, state, and ZIP code  
 SAN ANTONIO, TX 78212

**D Employer identification no.** 74-1668144  
**E Telephone number** (210) 735-3822  
**G Gross receipts \$** 2,544,869

**F Name and address of principal officer** JULIE WISDOM-WILD  
 SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
**H(c)** If "No," attach a list (see instructions) Group exemption number

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

**J Website** WWW.ALPHAHOME.ORG

**K Form of organization**  Corporation  Trust  Association  Other

**L Year of formation** 1966 **M State of legal domicile** TX

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities		TO PROVIDE SPIRITUALLY-BASED SUBSTANCE ABUSE TREATMENT AND SUPPORT TO WOMEN AND THEIR FAMILIES IN ORDER TO PREPARE THEM TO BECOME MORE PRODUCTIVE MEMBERS OF SOCIETY.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	75
6	Total number of volunteers (estimate if necessary)	6	712
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	621,066	502,642
9	Program service revenue (Part VIII, line 2g)	1,812,493	1,706,733
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,465	34,302
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	76,262	(14,372)
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,598,286	2,229,305
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,746,833	1,892,004
16a	Professional fundraising fees (Part IX, column (A), line 11a)		0
b	Total fundraising expenses (Part IX, column (D), line 25)		145,860
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	610,497	685,971
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,357,330	2,577,975
19	Revenue less expenses Subtract line 18 from line 12	240,956	(348,670)
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,448,904	1,077,023
21	Total liabilities (Part X, line 26)	95,898	63,971
22	Net assets or fund balances Subtract line 21 from line 20	1,353,006	1,013,052

**Part II Signature Block**

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

**Sign Here**

**JULIE WISDOM-WILD** *Julie Wisdom-Wild, CEO* 12/31/2013  
 Signature of officer Date

**JULIE WISDOM-WILD, CEO**  
 Type or print name and title

**Paid Preparer Use Only**

Preparer's name: DEREK SCHRIVER  
 Preparer's signature: DEREK SCHRIVER  
 Date: 12-17-2013  
 Check  if self-employed  
 PTIN: P00958022

Firm's name: SCHRIVER CARMONA & CARRERA PLLC  
 Firm's EIN: [redacted]  
 Firm's address: 5805 CALLAGHAN RD STE 301 San Antonio TX 78228  
 Phone no: 210-680-0350

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

For Paperwork Reduction Act Notice, see the separate instructions.

5-16 24

Part III: Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE SPIRITUALLY-BASED SUBSTANCE ABUSE TREATMENT AND SUPPORT TO WOMEN AND THEIR FAMILIES IN ORDER TO PREPARE THEM TO BECOME MORE PRODUCTIVE MEMBERS OF SOCIETY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 1,288,673 including grants of \$ ) (Revenue \$ 1,130,661 )

ALPHA HOME, FOUNDED IN 1966 BY MEMBERS OF TRINITY BAPTIST CHURCH, PROVIDES SPIRITUALLY BASED SUBSTANCE ABUSE TREATMENT AND SUPPORT TO WOMEN AND THEIR FAMILIES TO PREPARE THEM TO BECOME MORE PRODUCTIVE MEMBERS OF SOCIETY. TREATMENT IS DELIVERED VIA TWO CORE PROGRAMS: THE RESIDENTIAL AND THE OUTPATIENT SUBSTANCE ABUSE TREATMENT PROGRAMS WITH A FULL CONTINUUM OF SERVICES AT THREE LOCATIONS. THE INTENSIVE RESIDENTIAL PROGRAM REQUIRES A MINIMUM OF 20 HOURS PER WEEK OF TREATMENT SERVICES FOR APPROXIMATELY 30 DAYS. CLIENTS LIVE ON SITE WHILE BEING CLOSELY SUPERVISED. THE SUPPORTIVE RESIDENTIAL PROGRAM REQUIRES AT LEAST TEN HOURS PER WEEK OF TREATMENT SERVICES FOR UP TO 60 DAYS. CLIENTS LIVE ON SITE AND WORK, VOLUNTEER, OR ATTEND SCHOOL OFF-PREMISES DURING THE DAY. EVENINGS ARE DEDICATED TO TREATMENT ACTIVITIES AT THE RESIDENCE.

4b (Code ) (Expenses \$ 370,406 including grants of \$ ) (Revenue \$ 271,529 )

THE SUPPORTIVE OUTPATIENT PROGRAM IS DESIGNED FOR CLIENTS WHO ARE IN NEED OF TREATMENT BUT WHO ALSO HAVE THE SKILLS AND SUPPORT TO RECOVER WITHOUT THE NEED FOR INPATIENT CARE. CLIENTS DO NOT LIVE ON SITE. THIS PROGRAM OFFERS FLEXIBILITY OF WORKING WITH CLIENT SCHEDULES. CLIENTS AVERAGE FIVE HOURS OF TREATMENT PER WEEK. CLIENTS RECEIVE CONFIDENTIAL, HIGHLY INDIVIDUALIZED TREATMENT, INCLUDING MEDICAL AND MENTAL HEALTH ASSESSMENTS, INDIVIDUAL AND GROUP COUNSELING, ADDICTION AND RECOVERY EDUCATION, FAMILY COUNSELING, TRAUMA COUNSELING, ANGER MANAGEMENT, GED INSTRUCTION, 12-STEP SUPPORT, CAREER COUNSELING, AND RELAPSE SUPPORT. THE MAJORITY OF CLIENTS RESIDE IN BEXAR AND SURROUNDING COUNTIES.

4c (Code ) (Expenses \$ 302,183 including grants of \$ ) (Revenue \$ 304,543 )

PREGNANCY AND POST-PARTUM INTERVENTION (PPI) PROGRAM - THE GOAL IS TO REDUCE THE IMPACT OF ALCOHOL, TABACCO AND OTHER DRUG USE ON CHILDREN AND FAMILIES. ADULT AND ADOLESCENT WOMEN RESIDING IN BEXAR, COMAL, AND GUADALUPE COUNTIES WHO ARE EITHER PREGNANT OR HAVE A CHILD 18 MONTHS OR YOUNGER ARE ELIGIBLE. PPI PROVIDES DIRECT SERVICES TO WOMEN THROUGH COMMUNITY OUTREACH, EDUCATION REFERRALS, AND CASE MANAGEMENT, AND FOCUSES ON PREGNANT AND PARENTING WOMEN AT RISK OF SUBSTANCE ABUSE AND/OR DOMESTIC VIOLENCE. RISK FACTORS TO WOMEN INCLUDE TEEN PREGNANCY, PAST OR CURRENT INVOLVEMENT WITH THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES OF CHILD PROTECTIVE SERVICES, CURRENT OR PAST USE/ABUSE OF ALCOHOL AND DRUGS, PAST OR CURRENT DOMESTIC VIOLENCE, CURRENT OR PAST MENTAL HEALTH PROBLEMS (ESPECIALLY DEPRESSION), CURRENT OR PAST HISTORY OF SEXUAL/EMOTIONAL OR PHYSICAL ABUSE, INSUFFICIENT OR NO PRENATAL CARE, AND FINANCIAL DISTRESS.

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,961,262

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	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 . . . . .		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .		X
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 to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
26	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 . . . . .		X
27	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 . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
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 . . . . .		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No columns. Contains questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADEL HERNANDEZ DIRECTOR	2.00	X						0	0	0
(2) CATHY RITTER VICE CHAIR	2.00	X		X				0	0	0
(3) DAVID WADDELL TREASURER	4.00	X		X				0	0	0
(4) ED HOWIE DIRECTOR	2.00	X						0	0	0
(5) GAYE PRESTON-LITTON CHAIRMAN	4.00	X		X				0	0	0
(6) JEAN BROWN DIRECTOR	2.00	X						0	0	0
(7) KAY FLOYD DIRECTOR	2.00	X						0	0	0
(8) LESLIE GUAJARDO DIRECTOR	2.00	X						0	0	0
(9) LOWELL DENTON DIRECTOR	2.00	X						0	0	0
(10) MARY DUANE DAWSON DIRECTOR	2.00	X						0	0	0
(11) MICHAEL HARTFIELD DIRECTOR	2.00	X						0	0	0
(12) MICHELLE SEWARD DAVIS DIRECTOR	2.00	X						0	0	0
(13) REV LESLIE HOLLON DIRECTOR	2.00	X						0	0	0
(14) SHANTI DAY SECRETARY	2.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I n d i r e c t o r	D i r e c t o r	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(15) STEVEN TREMAINE BULL DIRECTOR	2.00	X						0	0	0	
(16) TERI GRUBB DIRECTOR	2.00	X						0	0	0	
(17) JANE BRIGGS-GAMEZ CONTROLLER	50.00			X				63,850	0	0	
(18) JULIE WISDOM-WILD CEO	50.00			X				88,000	0	0	
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
<b>1b Sub-total</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>								151,850	0	0	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 139,180					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 74,803					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 288,659					
	<b>g</b> Noncash contributions included in lines 1a-1f \$	40,519					
	<b>h Total.</b> Add lines 1a-1f		502,642				
<b>Program Service Revenue</b>	<b>2a</b> <u>PROGRAM FEES/CONTRACTS</u>		<b>Business Code</b>				
			624100	1,706,733	1,706,733		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			1,706,733				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		10,806			10,806	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			23,496		23,496
	<b>8a</b> Gross income from fundraising events (not including \$ 74,803 of contributions reported on line 1c)	<b>a</b> See Part IV, line 18		36,684			
		<b>b</b> Less direct expenses		57,852			
		<b>c</b> Net income or (loss) from fundraising events		(21,168)			(21,168)
	<b>9a</b> Gross income from gaming activities	<b>a</b> See Part IV, line 19					
<b>b</b> Less direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> <u>MISCELLANEOUS</u>		900099	6,796			6,796	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			6,796				
<b>12 Total revenue.</b> See instructions			2,229,305	1,706,733	0	19,930	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,850	121,480	24,296	6,074
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,503,951	1,085,501	344,868	73,582
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,589	12,471	2,494	624
9 Other employee benefits	101,709	71,789	24,680	5,240
10 Payroll taxes	118,905	90,557	23,327	5,021
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,969	39,524	5,427	1,018
12 Advertising and promotion	1,710		1,710	
13 Office expenses	118,404	88,239	23,927	6,238
14 Information technology	24,793	20,421	2,532	1,840
15 Royalties				
16 Occupancy	120,852	120,330	522	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,331	12,094	9,594	1,643
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,969	47,694		275
23 Insurance	23,779	23,779		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CLIENT SUPPORT	191,560	191,560		
b WORKER'S COMPENSATION	8,169	8,169		
c DONATED ITEMS	40,519			40,519
d MEMBERSHIPS/SUBSCRIPTION	12,855	10,989	1,566	300
e All other expenses	26,061	16,665	5,910	3,486
25 Total functional expenses. Add lines 1 through 24e	2,577,975	1,961,262	470,853	145,860
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing	708	<b>1</b>	1,133
	<b>2</b> Savings and temporary cash investments	513,800	<b>2</b>	181,010
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	111,333	<b>4</b>	69,996
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	14,054	<b>9</b>	11,577
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 701,771		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 511,068	227,234	<b>10c</b> 190,703
	<b>11</b> Investments - publicly traded securities	581,775	<b>11</b>	622,604
	<b>12</b> Investments - other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,448,904	<b>16</b>	1,077,023	
Liabilities	<b>17</b> Accounts payable and accrued expenses	95,898	<b>17</b>	63,971
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	95,898	<b>26</b>	63,971
Net Assets of Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,340,429	<b>27</b>	997,475
	<b>28</b> Temporarily restricted net assets	12,577	<b>28</b>	15,577
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances</b>	1,353,006	<b>33</b>	1,013,052
	<b>34 Total liabilities and net assets/fund balances</b>	1,448,904	<b>34</b>	1,077,023

**Part 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	2,229,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,577,975
3	Revenue less expenses Subtract line 2 from line 1	3	(348,670)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,353,006
5	Net unrealized gains (losses) on investments	5	8,716
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,013,052

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  Yes  No

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

ALPHA HOME INC

Employer identification number

74-1668144

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

EEA

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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.") . . . . .	385,221	485,357	355,206	621,066	502,642	2,349,492
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	385,221	485,357	355,206	621,066	502,642	2,349,492
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						351,623
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						1,997,869

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	385,221	485,357	355,206	621,066	502,642	2,349,492
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	20,611	9,602	11,284	13,166	10,806	65,469
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	6,142	12,046	9,781	2,710	6,796	37,475
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						2,452,436
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	81.46	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	78.42	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
17a <b>10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
b <b>10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

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

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 13 Total support. (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Handwritten initials 'm4' in the bottom right corner.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

ALPHA HOME INC

Employer identification number

74-1668144

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form for Part II with multiple questions (1-9) about conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form for Part III with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including dollar amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  **3b**
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000		60,000
b Buildings		267,980	226,505	41,475
c Leasehold improvements		111,121	45,567	65,554
d Equipment		192,681	175,529	17,152
e Other <b>STMDLE</b>		69,989	63,467	6,522
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				<b>190,703</b>

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

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

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

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

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

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

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

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

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

<b>Part XI</b>		<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1	Total revenue, gains, and other support per audited financial statements		2,809,766
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a 8,716	
b	Donated services and use of facilities	2b 571,745	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	580,461
3	Subtract line 2e from line 1	3	2,229,305
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,229,305

<b>Part XII</b>		<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1	Total expenses and losses per audited financial statements		3,149,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a 571,745	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	571,745
3	Subtract line 2e from line 1	3	2,577,975
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,577,975

**Part XIII** Supplemental Information

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

---



---



---



---



---



---



---



---



---



---



**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
		DOORWAYSHOPE (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	111,487		111,487
	2	Less Contributions	74,803		74,803
	3	Gross income (line 1 minus line 2)	36,684		36,684
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,790		1,790
	7	Food and beverages	11,020		11,020
	8	Entertainment	7,559		7,559
	9	Other direct expenses	37,483		37,483
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				(21,168)

**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.

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALPHA HOME INC

Employer identification number

74-1668144

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		140	COMPARABLE FMV
5 Clothing and household goods	X		6,045	COMPARABLE FMV
6 Cars and other vehicles	X	1	2,000	COMPARABLE FMV
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles	X	1	397	COST
19 Food inventory	X	50	534	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT TICK)	X	95	15,486	COST
26 Other ▶ (DECORATION)	X		1,025	COST
27 Other ▶ (MISC ITEMS)	X		14,892	COMPARABLE FMV
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2012

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

ALPHA HOME INC

74-1668144

**01. Form 990 governing body review (Part VI, line 11)**

THE FORM 990 IS REVIEWED BY THE CEO, CONTROLLER, AND FINANCE COMMITTEE FOR APPROVAL. ALL

BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 ELECTRONICALLY BEFORE FILING WITH THE IRS.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

THE EXECUTIVE COMMITTEE APPRAISES THE PERFORMANCE OF THE CEO ON AN ANNUAL BASIS AND THE

BOARD APPROVES ALL SALARY INCREASES FOR THIS POSITION. THEY USE A LOCAL NON-PROFIT SALARY

AS A GUIDE TO THE DECISION MAKING PROCESS. THE PRESENT CEO'S PERFORMANCE IS REVIEWED

EVERY AUGUST.

**04. Other officer or key employee compensation (Part VI, line 15b)**

EVERY MARCH THE CEO EVALUATES SALARY FOR OTHER KEY EMPLOYEES. INCREASES IN SALARIES ARE

BASED ON PERFORMANCE AND APPROVED BASED ON THE BUDGET REQUIREMENTS.

**05. Governing documents, etc, available to public (Part VI, line 19)**

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990

ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON

THE ORGANIZATION'S WEBSITE.

**06. Explanation of other changes in net assets or fund balances (Part XI, line 11)**

Name of the organization

ALPHA HOME INC

Employer identification number

74-1668144

## IN-KIND DONATIONS

ALPHA HOME RECORDED \$612,264 OF GENEROUSLY DONATED IN-KIND SERVICES AND NONCASH

## CONTRIBUTIONS AS FOLLOWS:

\$290,000 OF IN-KIND RENT FOR THE RUBLE FACILITY AND \$62,400 OF IN-KIND RENT FOR THE

MULBERRY FACILITIES.

\$219,345 IN DONATED HOURS FROM THE DOCTORS AND MEDICAL STAFF FROM UNIVERSITY OF TEXAS

HEALTH AND SCIENCE CENTER OF SAN ANTONIO.

\$14,855 IN DONATED CLOTHING, PAINT, BIBLES, DECORATIONS, PRINTING, AND RAFFLE PRIZES FROM

VARIOUS DONORS.

\$25,664 IN DONATED FOOD ITEMS.

## 07. General explanation attachment

## CARF INTERNATIONAL ACCREDITATION

AS A BENCHMARK OF ALPHA HOME'S ABILITY TO PROVIDE QUALITY SERVICES, IN SEPTEMBER 2012,

ALPHA HOME BECAME ACCREDITED FOR A PERIOD OF THREE YEARS BY CARF INTERNATIONAL. FOUNDED

IN 1966 AS THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES, AND NOW KNOWN AS

CARF INTERNATIONAL, THE ACCREDITING BODY ESTABLISHES CONSUMER-FOCUSED STANDARDS TO HELP

ORGANIZATIONS MEASURE AND IMPROVE THE QUALITY OF THEIR PROGRAMS AND SERVICES. THIS

ACCREDITATION DECISION REPRESENTS THE HIGHEST LEVEL OF ACCREDITATION THAT CAN BE AWARDED

TO AN ORGANIZATION AND SHOWS ALPHA HOME'S SUBSTANTIAL CONFORMANCE TO THE CARF STANDARDS.

Federal Supporting Statements

2012 PG01

Name(s) as shown on return

FEIN

ALPHA HOME INC

74-1668144

FORM 990, SCHEDULE D, PART VI, LINE 1E  
INVESTMENTS - OTHER

STATEMENT #D1E

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
VEHICLES	<u>0</u>	<u>69,989</u>	<u>63,467</u>	<u>6,522</u>
TOTAL	<u>0</u>	<u>69,989</u>	<u>63,467</u>	<u>6,522</u>