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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014**Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **LIVING ALTERNATIVES, INC.**
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
P O BOX 131466
 City or town State ZIP code
TYLER TX 75713
 Foreign country name Foreign province/state/country Foreign postal code

D Employer identification number
75-2425265

E Telephone number
800-447-2891

G Gross receipts \$ **824,362**

F Name and address of principal officer
BEVERLY KLINE 19402 FM 16 W, LINDALE, TX 75771

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)

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

J Website: ▶ **WWW.LIVALT.ORG**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1992**

M State of legal domicile **TX**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **PROVIDE CHILD ADOPTION, CRISIS PREGNANCY SUPPORT AND MOTHERS HOME INSTRUCTION OF LIFE SKILLS TO YOUNG WOMEN AND MEN IN UNPLANNED PREGNANT CHRISTIAN FAMILIES THE OPPORTUNITY TO FOSTER CARE CHILDREN**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b 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)	642,412	536,254
9 Program service revenue (Part VIII, line 2g)	126,522	145,608
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,048	-4,911
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,898	73,888
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	824,784	750,839
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	735,946	239,093
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,370	21,879
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	15,705	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	487,272	446,363
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,252,588	707,335
19 Revenue less expenses. Subtract line 18 from line 12	-427,804	43,504

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,423,081	1,417,872
21 Total liabilities (Part X, line 26)	171,342	122,629
22 Net assets or fund balances. Subtract line 21 from line 20	1,251,739	1,295,243

Part II Signature Block

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

Sign Here

Signature of officer: *John Aluegretto* Date: **6-19-15**
 Type or print name and title: **JOHN ALUEGRETTO, PRESIDENT**

Paid Preparer Use Only

Preparer's name: **J MICHAEL JOHNSON** Preparer's signature: *[Signature]* Date: **6/2/2015** Check ☐ if self-employed PTIN: **P01212286**
 Firm's name: ▶ **J MICHAEL JOHNSON, P.C.** Firm's EIN: ▶ **26-3934569**
 Firm's address: ▶ **1820 SHILOH RD STE 1501, TYLER, TX 75703** Phone no: **903-581-1688**

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

HTA

Part III**Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

PROVIDE CHILD ADOPTION AGENCY, CRISIS PREGNANCY SUPPORT AND MOTHERS HOME INSTRUCTION OF
LIFE SKILLS TO YOUNG WOMEN AND MEN INVOLVED IN UNPLANNED PREGNANCIES

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

Yes



No

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

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

Yes



No

If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 159,541 including grants of \$) (Revenue \$)
MATERNITY HOME LICENSED BY THE STATE THAT PROVIDES HOUSING, CONTINUED EDUCATION, DEVELOPMENT OF
LIFE SKILLS & DECISION MAKING AND PROVIDES FOR TRANSPORTATION TO MEDICAL CARE FOR PREGNANT WOMEN
THESE SERVICES ARE OFFERED FREE OF CHARGE TO ANY GIRL REGARDLESS OF RACE OR RELIGION.

4b (Code:) (Expenses \$ 18,684 including grants of \$) (Revenue \$)
CRISIS PREGANANCY ASSISTANCE CENTERS OFFER FREE TESTING FOR PREGNANCY, PRENATAL DEVELOPMENT
INFORMATION, AND SEXUAL ABSTINENCE EDUCATION

4c (Code:) (Expenses \$ 122,477 including grants of \$) (Revenue \$ 144,033)
ADOPTION AGENCY WORKS ALONGSIDE YOUNG WOMEN FACING UNPLANNED PREGNANCY WHO WISH TO MAKE AN
ADOPTION DECISION.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 279,959 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 580,661

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
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.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		X
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.		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		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).	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.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible 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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

Part VI

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

Section A. Governing Body and Management

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b 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?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		X
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.		X
b Other officers or key employees of the organization.		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," 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

17 List the states with which a copy of this Form 990 is required to be filed TX

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records ►

SUE LAWRENCE
P. O. BOX 131466, TYLER, TX 75713
903-581-2891

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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) BEVERLY KLINE EXECUTIVE DIRECTOR	40.00 0.00	X						23,971		
(2) FRAN PARIS V/P	0.50 0.00	X		X				0		
(3) JOHN ALLEGRETTO PRESIDENT	40.00 0.00	X		X				667		
(4) CAROL MORGAN SEC/TREASURER	40.00 0.00	X		X				0		
(5) ELAINE ALLEGRETTO DIR	40.00 0.00	X						0		
(6) KETIH VANDYKE DIR	0.50 0.00	X						0		
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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 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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	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**

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0			
	b	Membership dues	1b 0			
	c	Fundraising events	1c 0			
	d	Related organizations	1d 0			
	e	Government grants (contributions)	1e 0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 536,254			
	g	Noncash contributions included in lines 1a-1f:	\$ 0			
	h	Total. Add lines 1a-1f	536,254			
Program Service Revenue			Business Code			
	2a	ADOPTION SERVICES	541900	144,033	144,033	
	b	SEMINARS	900099	1,575	1,575	
	c			0		
	d			0		
	e			0		
	f	All other program service revenue		0		
	g	Total. Add lines 2a-2f		145,608		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		282	282	
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross rents	(i) Real 2,890 (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)	2,890 0			
	d	Net rental income or (loss)		2,890	2,890	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 0 (ii) Other 0			
	b	Less: cost or other basis and sales expenses	0 5,193			
	c	Gain or (loss)	0 -5,193			
	d	Net gain or (loss)		-5,193		
	8a	Gross income from fundraising events (not including \$ 58,677 of contributions reported on line 1c). See Part IV, line 18.	a 139,328			
	b	Less: direct expenses	b 68,330			
	c	Net income or (loss) from fundraising events		70,998		
	9a	Gross income from gaming activities See Part IV, line 19.	a 0			
	b	Less: direct expenses	b 0			
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a 0			
b	Less: cost of goods sold	b 0				
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a			0			
b			0			
c			0			
d	All other revenue		0			
e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		750,839	148,780	0	0

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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 domestic organizations domestic governments. See Part IV, line 21	229,094	230,194		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,999	9,999		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
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	20,602	20,602		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	1,277	1,277		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	47,468	47,468		
c	Accounting	4,945		4,945	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
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.)	17,735		17,735	
12	Advertising and promotion	17,873		2,818	15,055
13	Office expenses	18,906		18,906	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	91,993	68,725	23,268	
17	Travel	7,439	3,362	4,077	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,996	5,996		
20	Interest	6,221	6,221		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	57,665	52,044	5,621	0
23	Insurance	32,483	29,240	3,243	
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	CHILD CARE	821	517	304	
b	TRANSPORTATION	24,652	19,175	5,477	
c	SUPPLIES AND FOOD EXPENSES	73,621	60,074	12,897	650
d	HOME STUDY/TUTORING	14,968	14,968		
e	All other expenses OTHER	23,577	10,799	12,778	
25	Total functional expenses. Add lines 1 through 24e	707,335	580,661	112,069	15,705
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	321,953	1	312,399
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	8,438	4	10,922
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,086	9	45,862
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,730,514		
	b Less: accumulated depreciation	10b 681,825	10c	1,048,689
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,423,081	16	1,417,872	
Liabilities	17 Accounts payable and accrued expenses	45,056	17	29,503
	18 Grants payable		18	
	19 Deferred revenue	15,000	19	1,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,400	21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	105,886	23	92,126
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	0	25	0
	26 Total liabilities. Add lines 17 through 25	171,342	26	122,629
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,239,239	27	1,287,843
	28 Temporarily restricted net assets	12,500	28	7,400
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,251,739	33	1,295,243	
34 Total liabilities and net assets/fund balances	1,423,081	34	1,417,872	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	750,839
2	Total expenses (must equal Part IX, column (A), line 25)	2	707,335
3	Revenue less expenses. Subtract line 2 from line 1	3	43,504
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,251,739
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	1,295,243

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? _____
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
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
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? _____
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? _____
- 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
2a	X	
2b		X
2c		X
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

75-2425265

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: 0
- g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's 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						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
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 VI)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	779,501	768,125	841,695	642,412	536,254	3,567,987
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	696,382	524,812	676,950	247,888	287,826	2,433,858
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	1,475,883	1,292,937	1,518,645	890,300	824,080	6,001,845
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	87,635	120,534	174,083	164,226	143,123	689,601
c Add lines 7a and 7b	87,635	120,534	174,083	164,226	143,123	689,601
8 Public support (Subtract line 7c from line 6.)						5,312,244

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1,475,883	1,292,937	1,518,645	890,300	824,080	6,001,845
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,240	2,071	418	678	282	4,689
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0			0
c Add lines 10a and 10b	1,240	2,071	418	678	282	4,689
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,017		33,947			35,964
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,479,140	1,295,008	1,553,010	890,978	824,362	6,042,498
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	87.91%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	88.22%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.08%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.12%

- 19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	<input type="checkbox"/>	<input type="checkbox"/>
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		0
10	Line 8 amount divided by Line 9 amount		0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2014 distributable amount			0
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2014 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2014 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		0	
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2015. Add lines 3j and 4c	0		
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013	0		
e Excess from 2014	0		

Part VI

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

[illegible]

**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.

OMB No 1545-0047

2014

**Open to Public
Inspection**

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

75-2425265

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

9 In Part 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

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

(i) Revenue included in Form 990, Part VIII, line 1 ► \$

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

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

a Revenue included in Form 990, Part VIII, line 1 ► \$

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	0
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	0	0	0		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

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:

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	0	1,730,514		1,048,689
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0

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

1,048,689

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. 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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	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 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	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	0

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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:			
a	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			
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	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	0

Part XIII Supplemental Information.

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 XIII Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

LIVING ALTERNATIVES, INC

Employer identification number

75-2425265

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

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

events with gross receipts greater than \$5,000.						
Revenue		(a) Event #1 BANQUET (event type)	(b) Event #2 JULY 4TH (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col. (c))	
	1	Gross receipts	68,859	13,086	116,060	198,005
	2	Less: Contributions	46,439	8,536	3,702	58,677
	3	Gross income (line 1 minus line 2)	22,420	4,550	112,358	139,328
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes	512		5,486	5,998
	6	Rent/facility costs	3,276	540	7,556	11,372
	7	Food and beverages	12,665	785	740	14,190
	8	Entertainment			0	0
	9	Other direct expenses	17,294	9,145	10,331	36,770
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(68,330)
11	Net income summary Subtract line 10 from line 3, column (d) ▶				70,998	

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.

		Form 990-BE (2015) Instructions			
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<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) ▶				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

17 Mandatory distributions.

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

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

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

Employer identification number
75-2425265

LIVING ALTERNATIVES, INC

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YOUTH WITH A MISSION P O BOX 3000 LINDALE, TX 75773		501C3	229,094				OPERATION SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

HTA

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	PERSONAL TRANSPORTATION					
2	FUNERAL EXPENSES FOR INDIGENT	2	2,500	1,083	Book	1997 TOYOTA CAMRY
3	FOOD, CLOTHING & PERSONAL EXP-INDIGENT	2	4,710			
4		10	1,846			
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

LIVING ALTERNATIVES, INC

Employer identification number

75-2425265

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

2014

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Inspection**

Name of the organization

► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer Identification number

LIVING ALTERNATIVES INC.

75-2425265

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

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

HTA

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

LIVING ALTERNATIVES, INC.

Employer identification number

75-2425265

Form 990, Part III, Line 4d: Program Service Expenses: 22,300, Grants and allocations: 0,

Revenue: 0 BUILDING BLOCKS IS A MENTORING PROGRAM FOR YOUNG WOMEN IN UNPLANNED PREGNANCIES

LIFE SKILLS AND PARENTING CLASSES ARE TAUGHT ALLOWING THE YOUNG WOMEN TO EARN CREDIT POINTS

TOWARD THE PURCHASE OF BABY CLOTHING SMALL FURNITURE, AND BABY CARE ITEMS.

Form 990, Part III, Line 4d: Program Service Expenses: 14,439, Grants and allocations: 0,

Revenue: 0 KEEPS BOUTIQUE IS A PROGRAM DIRECTED TO GIRLS IN FOSTER CARE IN THE EAST TEXAS

AREA GIRLS ARE INVITED TO SELECT CLOTHING AND ACCESSORIES, FREE OF CHARGE, WITH THE GOAL OF

AFFIRMING EACH GIRL'S VALUE AND HOPES THAT THEY WILL LEAVE KNOWING THEY ARE APPRECIATED FOR

WHO THEY ARE AND THAT GOD SEES THEM WITH LOVING EYES

Form 990, Part III, Line 4d: Program Service Expenses: 238,486, Grants and allocations: 0,

Revenue: 0 SUPPORT TO OTHER NON PROFIT ORGANIZATIONS WHO PROVIDE CRISIS PREGNANCY ASSISTANCE

OR WHO ARE NON PROFIT CHARITABLE ORGANIZATIONS THAT ARE 501C3 TYPE ORGANIZATIONS

Form 990, Part III, Line 4d: Program Service Expenses: 4,734, Grants and allocations: 0,

Revenue: 0 AFTERCARE PROGRAM PROVIDES TO A LIMITED NUMBER OF GIRLS WHO AFTER THAN HAVE HAD

THEIR BABY THERE IS A NEED TO CONTINUE TO MENTOR AND PROVIDE FOR THESE GIRLS DUE TO THE FACT

THE HAVE NO PRACTICAL ALTERNATIVE FOR HOUSING

Form 990, Part VI, Section b, Line 11b: ALL MEMBERS FOR THE GOVERNING BODY RECEIVE A COPY OF

THE TAX RETURN AT MONTHLY BOARD MEETING PRIOR TO FINALING FILING OF RETURN

Form 990, Part VI, Section B, Line 12c: ANNUALLY ALL BOARD MEEMBERS ARE TO REVIEW CONFLICT OF

INTEREST STATEMENT AND DISCLOSE ANY MATTERS NECESSARY.

Name of the organization

Employer identification number

LIVING ALTERNATIVES, INC.

75-2425265

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: BUILDINGS												
48		BUILDING HWY 110 MOTHERS	3/22/93	231,266.58	0.00	0.00	177,975.12	7,708.89	185,684.01	45,582.57	S/L	30.00
49		NEW FOUNDATION	4/02/93	10,200.00	0.00	0.00	6,970.00	340.00	7,310.00	2,890.00	S/L	30.00
51		IMPROVEMENTS	7/19/93	15,379.00	0.00	433.00	14,946.00	0.00	14,946.00	433.00	S/L	10.00
55		NEW ROOF	1/01/94	4,805.00	0.00	0.00	4,805.00	0.00	4,805.00	0.00	S/L	10.00
56		MISC IMPROVEMENTS	1/01/94	9,340.00	0.00	0.00	9,340.00	0.00	9,340.00	0.00	S/L	10.00
59		3 TON HEAT PUMP	12/31/94	801.00	0.00	0.00	801.00	0.00	801.00	0.00	S/L	5.00
66		CEMENT	11/27/95	600.00	0.00	0.00	600.00	0.00	600.00	0.00	S/L	5.00
68		STEEL CULVERTS	11/29/95	178.00	0.00	0.00	178.00	0.00	178.00	0.00	S/L	5.00
69		LOWES BUILDING IMPROV	1/05/96	783.00	0.00	0.00	783.00	0.00	783.00	0.00	S/L	5.00
72		HOUSE BAXTER ST	2/26/96	48,556.00	0.00	30,348.00	8,834.07	606.93	9,441.00	39,115.00	S/L	30.00
92		IMPROVEMENTS	6/01/97	44,873.00	0.00	4,498.00	22,318.12	1,345.83	23,663.95	21,209.05	S/L	30.00
106		APACHE BUILDING SYSTEM	12/29/97	3,850.00	0.00	385.00	2,006.50	115.50	2,122.00	1,728.00	S/L	30.00
117		DRIVEWAY & SIDEWALK	6/01/98	2,003.00	0.00	200.00	1,803.00	0.00	1,803.00	200.00	S/L	10.00
119		SINGLE STAFF HOUSE	6/01/98	5,384.00	0.00	538.00	4,846.00	0.00	4,846.00	538.00	S/L	10.00
121		BUNGELOW	6/01/98	4,950.00	0.00	495.00	4,455.00	0.00	4,455.00	495.00	S/L	10.00
124		TRAILER PAD ELEC LINE	6/01/98	1,700.00	0.00	170.00	1,530.00	0.00	1,530.00	170.00	S/L	10.00
145		LOVING OFFICE BUILDING	6/01/99	54,529.00	0.00	41,863.00	6,331.26	422.20	6,753.46	47,775.54	S/L	30.00
150		FH FOUNDATION	6/01/99	7,400.00	0.00	740.00	6,660.00	0.00	6,660.00	740.00	S/L	10.00
153		2 TON AC	6/01/99	1,330.00	0.00	133.00	1,197.00	0.00	1,197.00	133.00	S/L	10.00
156		WATER WELL	6/01/99	4,263.00	0.00	426.00	3,837.00	0.00	3,837.00	426.00	S/L	10.00
170		SCHOOL ROOM CONSTRUCTIO	2/17/00	15,585.00	0.00	13,072.00	2,513.00	0.00	2,513.00	13,072.00	S/L	30.00
178		F H IMPROVEMENTS	6/01/00	2,811.00	0.00	0.00	1,274.30	93.70	1,368.00	1,443.00	S/L	30.00
179		WELL PUMP & LABOR	6/01/00	1,404.00	0.00	0.00	625.20	46.80	672.00	732.00	S/L	30.00
180		LAND & BLDG IMPROVEMENT	6/01/00	31,685.00	0.00	0.00	13,289.53	1,056.17	14,345.70	17,339.30	S/L	30.00
196		TRANE A/C	6/01/01	5,728.00	0.00	0.00	5,728.00	0.00	5,728.00	0.00	S/L	5.00
201		AIR CONDITIONER	1/10/02	1,200.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	5.00
207		MISC IMPROVEMENTS	6/02/02	2,153.00	0.00	0.00	2,153.00	0.00	2,153.00	0.00	S/L	10.00
209		INSTALL POWER FEEDERS	6/17/02	1,800.00	0.00	0.00	1,800.00	0.00	1,800.00	0.00	S/L	10.00
210		INSTALL FRAME SYS/ AC	7/02/02	4,916.00	0.00	0.00	4,916.00	0.00	4,916.00	0.00	S/L	10.00
216		FLOORING	1/02/03	1,995.00	0.00	0.00	1,995.00	0.00	1,995.00	0.00	S/L	10.00
219		AEROBIC SEPTIC	6/13/03	15,113.00	0.00	0.00	10,663.77	1,007.53	11,671.30	3,441.70	S/L	15.00
222		MOBILE HOME	2/05/04	15,189.00	0.00	7,500.00	2,770.70	256.30	3,027.00	12,162.00	S/L	30.00
224		HOUSE/KLINE	6/01/04	20,605.00	0.00	20,204.00	401.00	0.00	401.00	20,204.00	S/L	30.00
239		RV PAD ELEC/PLUMBING	7/20/05	8,122.79	0.00	6,092.09	438.26	52.07	490.33	7,632.46	S/L	39.00
240		SPETIC SYSTEM	11/04/05	6,982.00	5,236.50	0.00	950.35	116.37	1,066.72	5,915.28	S/L	15.00
262		1996 GALAXY MOBILE HOME	10/04/05	29,000.00	0.00	14,500.00	7,975.03	966.67	8,941.70	20,058.30	S/L	15.00
278		CABINETS	6/01/06	18,654.01	0.00	1,866.54	16,787.47	0.00	16,787.47	1,866.54	S/L	7.00
279		CABINETS	6/01/06	858.62	0.00	85.86	390.69	51.52	442.21	416.41	S/L	15.00
288		OFFICE EXPANSION	6/30/06	27,483.05	0.00	13,741.53	2,642.62	352.35	2,994.97	24,488.08	S/L	39.00
305		MATERNITY HOME REMODEL	6/30/06	117,450.16	0.00	58,725.08	11,418.76	1,505.77	12,924.53	104,525.63	S/L	39.00
315		BUILDING-1009 BAXTER	9/07/07	85,526.13	0.00	72,697.21	2,083.35	328.95	2,412.30	83,113.83	S/L	39.00
322		MH RENOVATIONS 2007	9/30/07	32,844.29	0.00	29,559.86	526.37	84.22	610.59	32,233.70	S/L	39.00
367		KEEPS BUILDING	11/30/08	39,369.85	0.00	29,607.12	1,272.51	250.33	1,522.84	37,847.01	S/L	39.00
373		FENCE PRC	11/25/08	4,388.00	0.00	0.00	1,487.03	292.53	1,779.56	2,608.44	S/L	15.00
380		ALARM SYSTEM MH	8/02/08	1,006.70	0.00	0.00	778.97	143.81	922.78	83.92	S/L	7.00
397		MOBILE HOME - SHALLS	4/01/09	55,239.21	0.00	0.00	8,746.22	1,841.31	10,587.53	44,651.68	S/L	30.00
407		BUILDING REMODEL 1009 BAX	11/02/09	6,000.00	0.00	0.00	641.04	153.85	794.89	5,205.11	S/L	39.00
408		BROWN LONG OFFICE	3/05/09	9,935.27	0.00	0.00	1,231.29	254.75	1,486.04	8,449.23	S/L	39.00
428		POOL HOUSE	12/01/10	23,587.99	0.00	2,358.00	4,303.93	1,415.33	5,779.26	17,808.73	S/L	15.00

Asset	d	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: BUILDINGS (continued)												
443	d	POOL HOUSE ADDITION	7/01/11	6,424.00	0.00	0.00	535.33	214.13	749.46	5,674.54	S/L	30.00
444	d	PUMP HOUSE	3/10/11	2,500.00	0.00	0.00	236.10	83.33	319.43	2,180.57	S/L	30.00
454	d	FOUNDATION REPAIR	8/24/12	58,395.00	0.00	0.00	1,996.41	1,497.31	3,493.72	54,901.28	S/L	39.00
458	d	2 TON AC MAIN BLDG	11/07/12	2,019.00	0.00	0.00	157.03	134.60	291.63	1,727.37	S/L	15.00
474	d	APARTMENT RENOVATIONS	2/22/12	3,127.17	0.00	0.00	147.00	80.18	227.18	2,899.99	S/L	39.00
475	d	APARTMENT FLOORING	9/19/12	2,233.57	0.00	0.00	398.85	319.08	717.93	1,515.64	S/L	7.00
500	d	ACTIVITIES TRAILER FROM YV	4/29/13	6,975.30	0.00	1,500.00	243.35	365.02	608.37	6,366.93	S/L	15.00
520	d	GUTTERS FATHERHEART	5/04/14	2,205.00	0.00c	0.00	0.00	37.69	37.69	2,167.31	S/L	39.00
522	d	NEW ROOF	3/31/14	19,507.00	0.00c	0.00	0.00	375.13	375.13	19,131.87	S/L	39.00
BUILDINGS				1,142,208.69	0.00c	351,738.29	394,993.53	23,916.15	418,909.68	723,299.01		

Group: COMPUTERS

251	d	I BOOK (d) 14"	8/10/05	1,541.48	0.00	154.14	1,387.34	0.00	1,387.34	154.14	S/L	5.00
271	d	17" MONITOR	2/01/06	415.94	0.00	41.59	374.35	0.00	374.35	41.59	S/L	5.00
272	d	CONTROL MONITOR	2/01/06	325.00	0.00	32.25	292.75	0.00	292.75	32.25	S/L	5.00
273	d	CONTROL MONITOR	2/01/06	325.00	0.00	32.50	292.50	0.00	292.50	32.50	S/L	5.00
292	d	IMAC	1/25/06	2,341.08	0.00	234.11	2,106.97	0.00	2,106.97	234.11	S/L	5.00
293	d	APPLE MINI MAC	7/19/06	1,015.53	0.00	101.55	913.98	0.00	913.98	101.55	S/L	5.00
303	d	IMAC/SOFTWARE	2/06/06	2,748.00	0.00	274.80	2,473.20	0.00	2,473.20	274.80	S/L	5.00
323	d	ILIFE LAPTOP	1/23/07	1,020.00	0.00	102.00	918.00	0.00	918.00	102.00	S/L	5.00
326	d	MONITOR 20"	4/16/07	450.00	0.00	45.00	405.00	0.00	405.00	45.00	S/L	5.00
328	d	ILIFE MINIMAC	12/09/07	717.95	0.00	71.79	646.16	0.00	646.16	71.79	S/L	5.00
368	d	SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
369	d	SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
370	d	SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
371	d	SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
372	d	SCHOOL COMPUTER	4/09/08	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
374	d	VIEW SONIC MONITOR SCHL	7/04/08	610.52	0.00	0.00	610.52	0.00	610.52	0.00	S/L	5.00
401	d	APPLE MACBOOK MB466LLA	1/21/09	1,691.75	0.00	0.00	1,663.55	28.20	1,691.75	0.00	S/L	5.00
402	d	MAC MINI	3/31/09	678.95	0.00	0.00	645.00	33.95	678.95	0.00	S/L	5.00
403	d	APPLE COMPUTER	11/01/09	1,268.00	0.00	0.00	1,056.67	211.33	1,268.00	0.00	S/L	5.00
441	d	APPLE COMPUTER-h1051	1/23/11	1,908.70	0.00	0.00	1,113.41	381.74	1,495.15	413.55	S/L	5.00
442	d	MAC PRO-H1050	1/23/11	1,261.80	0.00	0.00	736.05	252.36	988.41	273.39	S/L	5.00
452	d	APPLE COMPUTER	2/25/12	1,558.00	0.00	0.00	517.27	311.60	882.87	675.13	S/L	5.00
453	d	IPAD BEV KLINE	5/16/12	1,004.56	0.00	0.00	318.11	200.91	519.02	485.54	S/L	5.00
494	d	MAC MINI SERVER/MAC MINI	2/25/12	1,572.43	0.00	0.00	576.56	314.49	891.05	681.38	S/L	5.00
495	d	NEC MULTISAC 27" MONITOR	9/01/12	1,399.99	0.00	0.00	373.33	280.00	653.33	746.66	S/L	5.00
496	d	MAC MINI	12/12/12	681.00	0.00	0.00	147.55	136.20	283.75	397.25	S/L	5.00
497	d	MAC MINI	12/12/12	681.00	0.00	0.00	147.55	136.20	283.75	397.25	S/L	5.00
498	d	MAC PRO Z0P1	12/15/12	2,440.00	0.00	0.00	528.67	488.00	1,016.67	1,423.33	S/L	5.00
508	d	EXTERNAL DVD DRIVE	1/17/13	357.97	0.00	0.00	65.63	71.59	137.22	220.75	S/L	5.00
509	d	EXTERNAL DVD DRIVE	1/17/13	357.96	0.00	0.00	65.63	71.59	137.22	220.75	S/L	5.00
510	d	MAC BOOK AIR	6/08/13	1,427.00	0.00	0.00	166.48	285.40	451.88	975.12	S/L	5.00
514	d	MAC MINI	4/25/14	563.00	0.00c	0.00	0.00	75.07	75.07	487.93	S/L	5.00
515	d	13" MACBOOK PRO RETINA	9/06/14	1,604.27	0.00c	0.00	0.00	106.95	106.95	1,497.32	S/L	5.00
516	d	MACBOOK PRO AIR	9/06/14	1,099.00	0.00c	0.00	0.00	73.27	73.27	1,025.73	S/L	5.00

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: COMPUTERS (continued)											
	COMPUTERS		35,715.88		1,089.73	21,246.23	3,458.85	24,705.08	11,010.80		
	*Less: Dispositions and Transfers		20,969.70	0.00c	1,089.73	18,285.45	0.00	19,193.03	1,776.67		
	Net COMPUTERS		14,746.18	0.00c	0.00	2,960.78	3,458.85	5,512.05	9,234.13		

Group: FURNITURE AND FIXTURES

143	8 BEDS	6/11/98	4,604.00	0.00	460.00	4,144.00	0.00	4,144.00	460.00	S/L	5.00
152	F H SIGN	6/01/99	1,500.00	0.00	150.00	1,350.00	0.00	1,350.00	150.00	S/L	10.00
171	MAIL BOXES	3/09/00	1,405.00	0.00	0.00	1,405.00	0.00	1,405.00	0.00	S/L	5.00
175	FRAMES/CLASSROOM POSTER	5/06/00	546.00	0.00	0.00	546.00	0.00	546.00	0.00	S/L	5.00
184	FURNITURE F H BEDROOM	9/15/00	1,020.00	0.00	0.00	1,020.00	0.00	1,020.00	0.00	S/L	5.00
187	F H BEDROOM FURNITURE	10/18/00	1,371.00	0.00	0.00	1,371.00	0.00	1,371.00	0.00	S/L	5.00
225	MISC FURNITURE	7/21/04	1,548.00	0.00	0.00	1,548.00	0.00	1,548.00	0.00	S/L	5.00
259	2-QUEEN ANNE CHAIRS	2/17/05	405.56	0.00	40.55	365.01	0.00	365.01	40.55	S/L	5.00
294	PHILBECK - HUTCH	5/26/06	1,450.00	0.00	145.00	1,305.00	0.00	1,305.00	145.00	S/L	7.00
296	SIGNS	6/21/06	83.13	0.00	83.11	748.02	0.00	748.02	83.11	S/L	7.00
298	ARMCHAIR	7/03/06	999.00	0.00	99.90	899.10	0.00	899.10	99.90	S/L	7.00
299	BASSETT COCKTAIL TABLE	7/03/06	584.10	0.00	58.41	525.69	0.00	525.69	58.41	S/L	7.00
300	PICTURE-RIVER AND SKY	7/03/06	403.14	0.00	80.62	322.52	0.00	322.52	80.62	S/L	7.00
301	BAR STOOLS	7/03/06	1,443.64	0.00	144.36	1,299.28	0.00	1,299.28	144.36	S/L	7.00
329	CHAIR OFFICE MAX	4/11/07	259.98	0.00	25.99	225.65	8.34	233.99	25.99	S/L	7.00
330	L ARM DESK OFFICE MAX	4/11/07	199.99	0.00	19.99	173.55	6.45	180.00	19.99	S/L	7.00
331	DESK OFFICE MAX	4/11/07	499.98	0.00	49.99	433.89	16.10	449.99	49.99	S/L	7.00
332	HUTCH OFFICE MAX	4/11/07	359.95	0.00	35.99	312.39	11.57	323.96	35.99	S/L	7.00
333	NEW FURN MH	5/01/07	3,336.85	0.00	333.68	2,860.14	143.03	3,003.17	333.68	S/L	7.00
336	CHAIR	5/17/07	179.99	0.00	17.99	152.34	9.66	162.00	17.99	S/L	7.00
338	LIBRARY OPEN HUTCH	4/07/07	299.00	0.00	29.90	259.47	9.63	269.10	29.90	S/L	7.00
339	LIBRARY OPEN BASE	4/07/07	199.00	0.00	19.90	172.73	6.37	179.10	19.90	S/L	7.00
340	48" NANO HUTCH	4/07/07	399.00	0.00	39.99	346.21	12.80	359.01	39.99	S/L	7.00
341	48" NANO DESK	4/07/07	499.00	0.00	49.99	432.95	16.06	449.01	49.99	S/L	7.00
343	TV	6/13/07	2,399.99	0.00	239.99	2,031.42	128.58	2,160.00	239.99	S/L	7.00
344	TERRY'S FURNITURE	6/13/07	1,124.39	0.00	112.43	951.75	60.21	1,011.96	112.43	S/L	7.00
345	HAVERTY FURNITURE	6/13/07	858.40	0.00	85.58	726.80	46.02	772.82	85.58	S/L	7.00
346	SOFA	6/25/07	1,970.00	0.00	197.00	1,646.38	126.62	1,773.00	197.00	S/L	7.00
347	CHANDELIER	7/16/07	486.00	0.00	48.60	400.98	36.42	437.40	48.60	S/L	7.00
348	CHANDELIER	7/16/07	486.00	0.00	48.60	400.98	36.42	437.40	48.60	S/L	7.00
349	CHAIR OFFICE MAC	7/17/07	249.99	0.00	24.99	206.23	18.77	225.00	24.99	S/L	7.00
350	CHAIR OFFICE MAX	7/17/07	179.99	0.00	17.99	148.48	13.52	162.00	17.99	S/L	7.00
351	POTTERY BARN FURNITURE	7/19/07	2,813.19	0.00	281.31	2,320.91	210.97	2,531.88	281.31	S/L	7.00
352	CHAIR	8/20/07	229.99	0.00	22.99	187.28	19.72	207.00	22.99	S/L	7.00
362	GEOMETRIC ARMLESS CHAIR	2/14/08	399.96	0.00	0.00	338.08	57.14	395.22	0.00	S/L	7.00
363	GEOMETRIC ARMLESS CHAIR	2/14/08	399.96	0.00	0.00	338.08	57.14	395.22	0.00	S/L	7.00
364	SOFA	2/14/08	694.06	0.00	0.00	586.64	99.15	685.79	0.00	S/L	7.00
365	5 X 8 RUG POTTERY BARN	6/20/08	349.00	0.00	0.00	274.23	49.86	324.09	24.91	S/L	7.00
366	RETURN DESK - SAMS	12/01/08	1,082.64	0.00	0.00	771.02	154.66	935.68	146.96	S/L	7.00
376	RUG	6/25/08	989.10	0.00	0.00	777.15	141.30	918.45	70.65	S/L	7.00
377	CHAIR & OTTOMAN	1/09/08	1,852.92	0.00	0.00	1,588.20	264.72	1,852.92	0.00	S/L	7.00
378	SOFA POTTERY BARN	6/23/08	2,071.40	0.00	0.00	1,627.51	295.91	1,923.42	147.98	S/L	7.00

Asset	d	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: FURNITURE AND FIXTURES (continued)												
379		SOFA POTTERY BARN	6/23/08	2,071.39	0.00	0.00	1,627.51	295.91	1,923.42	147.97	S/L	7.00
381		RUG MH	6/25/08	328.22	0.00	0.00	257.89	46.89	304.78	23.44	S/L	7.00
382		BED MH	2/26/08	535.25	0.00	0.00	446.02	76.46	522.48	12.77	S/L	7.00
383		BED MH	2/26/08	535.25	0.00	0.00	446.02	76.46	522.48	12.77	S/L	7.00
384		DRESSER MH	2/26/08	465.25	0.00	0.00	387.69	66.46	454.15	11.10	S/L	7.00
385		DRESSER MH	2/26/08	465.25	0.00	0.00	387.69	66.46	454.15	11.10	S/L	7.00
387		2 WOOD TRIM CHAIRS	2/17/09	550.48	0.00	0.00	380.09	78.64	458.73	91.75	S/L	7.00
388		2 BEDS SAMS CLUB	4/17/09	1,422.22	0.00	0.00	948.13	203.17	1,151.30	270.92	S/L	7.00
389		FURNITURE WEIRS	5/01/09	898.00	0.00	0.00	598.68	128.29	726.97	171.03	S/L	7.00
390		MICROWAVE	7/30/09	549.99	0.00	0.00	347.02	78.57	425.59	124.40	S/L	7.00
392		ROCKING CHAIRS	11/03/09	604.97	0.00	0.00	360.08	86.42	446.50	158.47	S/L	7.00
393		DESK FOR OFFICE	11/20/09	1,952.00	0.00	0.00	1,138.68	278.86	1,417.54	534.46	S/L	7.00
394		2 DRWR FILE CABINET	4/20/09	699.00	0.00	0.00	466.01	99.86	565.87	133.13	S/L	7.00
395		LABOR TO HANG CABINETS	11/03/09	1,750.00	0.00	0.00	1,041.67	250.00	1,291.67	458.33	S/L	7.00
414		CHANDELIER	11/04/10	577.56	0.00	57.75	235.16	74.26	309.42	268.14	S/L	7.00
440		SAM'S CLUB TV	12/09/11	599.00	0.00	0.00	178.27	85.57	263.84	335.16	S/L	7.00
481		KITCHEN ISLAND	4/19/12	977.78	0.00	0.00	232.80	139.68	372.48	605.30	S/L	7.00
482		8 SLAT BACK SIDE CHAIRS	4/19/12	1,203.89	0.00	0.00	286.64	171.98	458.62	745.27	S/L	7.00
483		3 DINING TABLES/4 CHARIS EA	4/19/12	4,487.13	0.00	0.00	1,068.37	641.02	1,709.39	2,777.74	S/L	7.00
484		TABLE WITH 4 CHAIRS	4/19/12	1,501.05	0.00	0.00	357.40	214.44	571.84	929.21	S/L	7.00
485		CHAIR	4/19/12	1,586.86	0.00	0.00	377.82	226.69	604.51	982.35	S/L	7.00
486		SOFA	4/19/12	1,813.10	0.00	0.00	431.69	259.01	690.70	1,122.40	S/L	7.00
487		KITCHEN ISLAND	6/07/12	1,049.98	0.00	0.00	237.50	150.00	387.50	662.48	S/L	7.00
488		WOOD SHED FURNITURE	10/08/12	794.70	0.00	0.00	141.91	113.53	255.44	539.26	S/L	7.00
489		BED FOR AFTER CARE	12/19/12	453.57	0.00	0.00	64.80	64.80	129.60	323.97	S/L	7.00
503		SOFA ALDRMN	3/21/13	799.00	0.00	0.00	85.61	114.14	199.75	599.25	S/L	7.00
504		CHAIR ALDRMN JAZZ STONE	3/21/13	649.00	0.00	0.00	69.54	92.71	162.25	486.75	S/L	7.00
505		READING CHAIR MH	7/30/13	683.18	0.00	0.00	40.67	97.60	138.27	544.91	S/L	7.00
506		FIREPIT	12/14/13	409.68	0.00	0.00	4.88	58.53	63.41	346.27	S/L	7.00
513		KITCHEN CABINET	10/09/14	550.00	0.00c	0.00	0.00	19.64	19.64	530.36	S/L	7.00
519		RECEPTIONIST DESK	4/17/14	893.20	0.00c	0.00	0.00	85.07	85.07	808.13	S/L	7.00
521		CHAIRS AND SOFA	1/20/14	3,266.00	0.00c	0.00	0.00	427.69	427.69	2,838.31	S/L	7.00
FURNITURE AND FIXTURES				78,102.24	0.00c	3,022.59	50,196.30	6,925.95	57,122.25	20,979.99		
*Less: Dispositions and Transfers				604.97	0.00	0.00	360.08	0.00	446.50	158.47		
Net FURNITURE AND FIXTURES				77,497.27	0.00c	3,022.59	49,836.22	6,925.95	56,675.75	20,821.52		

Group: IMPROVEMENTS

290		POOL	6/16/06	127,062.96	0.00	12,706.29	42,883.73	5,717.83	48,601.56	78,461.40	S/L	20.00
455		POOL HOUSE FENCING	8/02/12	10,525.00	0.00	0.00	994.03	701.67	1,695.70	8,829.30	S/L	15.00
476		POOL SIDE WALK	10/09/12	1,040.00	0.00	0.00	86.66	69.33	155.99	884.01	S/L	15.00
477		STORAGE SHED	9/27/12	492.24	0.00	0.00	87.90	70.32	158.22	334.02	S/L	7.00
491		PUMP TANK MH KITCHEN	8/16/12	4,561.00	0.00	0.00	405.43	304.07	709.50	3,851.50	S/L	15.00
492		SPRINKLER SYSTEM	9/28/12	17,300.00	0.00	0.00	3,089.29	2,471.43	5,560.72	11,739.28	S/L	7.00
501		POOL PUMP	11/19/13	2,966.95	0.00	0.00	35.32	423.85	459.17	2,507.78	S/L	7.00
507		POOL RESURFACING	6/24/13	18,372.00	0.00	1,837.00	551.17	1,102.33	1,653.50	16,718.50	S/L	15.00
512		SECURITY FENCE	12/01/14	12,540.00	0.00c	0.00	0.00	149.29	149.29	12,390.71	S/L	7.00
523		POND DAM/DRAINAGE	3/20/14	6,000.00	0.00c	0.00	0.00	225.00	225.00	5,775.00	S/L	20.00

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: IMPROVEMENTS (continued)											
	IMPROVEMENTS		200,860.15	0.00c	14,543.29	48,133.53	11,235.12	59,368.65	141,491.50		
	*Less: Dispositions and Transfers		2,966.95	0.00	0.00	35.32	0.00	459.17	2,507.78		
	Net IMPROVEMENTS		197,893.20	0.00c	14,543.29	48,098.21	11,235.12	58,909.48	138,983.72		
Group: LAND											
47	LAND - HWY 110	3/22/93	72,212.42	0.00	0.00	0.00	0.00	0.00	72,212.42	Land	0.00
73	BAXTER HOUSE LAND	2/26/96	12,319.00	0.00	0.00	0.00	0.00	0.00	12,319.00	Land	0.00
146	LOVING OFFICE LAND	6/01/99	15,831.00	0.00	0.00	0.00	0.00	0.00	15,831.00	Land	0.00
316	LAND - 1009 BAXTER	9/07/07	16,400.00	0.00	0.00	0.00	0.00	0.00	16,400.00	Land	0.00
	LAND		116,762.42	0.00c	0.00	0.00	0.00	0.00	116,762.42		
Group: LANDSCAPING											
154	GRASS & SOD	6/01/99	1,952.00	0.00	195.00	1,757.00	0.00	1,757.00	195.00	S/L	10.00
176	GRAVEL AND ROADS	5/09/00	11,097.00	0.00	0.00	5,056.10	369.90	5,426.00	5,671.00	S/L	30.00
204	AEROBIC DESIGN	3/28/02	3,000.00	0.00	0.00	3,000.00	0.00	3,000.00	0.00	S/L	10.00
	LANDSCAPING		16,049.00	0.00c	195.00	9,813.10	369.90	10,183.00	5,866.00		
Group: MACHINERY & EQUIP											
54	ALARM SYSTEM	11/24/93	2,500.00	0.00	0.00	2,500.00	0.00	2,500.00	0.00	S/L	5.00
65	SAMS AIR COMPRESSOR	10/21/95	220.00	0.00	0.00	220.00	0.00	220.00	0.00	S/L	5.00
78 d	COMPUTER	5/17/96	1,996.00	0.00	200.00	1,796.00	0.00	1,796.00	200.00	S/L	5.00
88 d	TABLE SAW	2/25/97	179.00	0.00	18.00	161.00	0.00	161.00	18.00	S/L	5.00
90	SHOW TOPPERS	5/05/97	3,354.00	0.00	335.00	3,019.00	0.00	3,019.00	335.00	S/L	5.00
93	SHOW TOPPERS	6/04/97	1,194.00	0.00	119.00	1,075.00	0.00	1,075.00	119.00	S/L	5.00
133	2 STAGE PUMP	6/01/98	1,357.00	0.00	136.00	1,221.00	0.00	1,221.00	136.00	S/L	5.00
137	5 MECHANICAL DOLLS	6/01/98	1,210.00	0.00	121.00	1,089.00	0.00	1,089.00	121.00	S/L	5.00
139	HPGMP LASERJET PUMP	6/01/98	1,003.00	0.00	100.00	903.00	0.00	903.00	100.00	S/L	5.00
144	FUSON TRAILER IMPROVEMEN	6/01/99	7,500.00	0.00	750.00	3,375.00	225.00	3,600.00	3,900.00	S/L	30.00
197	2 TON AC UNIT	6/04/01	1,100.00	0.00	0.00	1,100.00	0.00	1,100.00	0.00	S/L	5.00
245	PROJECTOR CASE	5/11/05	5,025.70	0.00	502.57	4,523.13	0.00	4,523.13	502.57	S/L	5.00
250	SURROUND SYSTEM/SPEAKER	6/15/05	219.00	0.00	21.90	197.10	0.00	197.10	21.90	S/L	5.00
254 d	CHAIN SAW	5/06/05	1,500.00	0.00	150.00	1,350.00	0.00	1,350.00	150.00	S/L	5.00
276	GAS STOVE	8/01/06	403.47	0.00	40.34	363.13	0.00	363.13	40.34	S/L	7.00
280 d	MICROWAVE	12/18/06	332.00	0.00	33.20	298.80	0.00	298.80	33.20	S/L	7.00
281	DISHWASHER	6/01/06	335.00	0.00	33.50	301.50	0.00	301.50	33.50	S/L	7.00
282	APPLIANCES - DONS	6/01/06	995.00	0.00	99.50	895.50	0.00	895.50	99.50	S/L	7.00
283	VENT HOOD	6/01/06	3,085.13	0.00	308.51	2,776.62	0.00	2,776.62	308.51	S/L	7.00
284	REFRIGERATOR	6/01/06	325.00	0.00	32.50	292.50	0.00	292.50	32.50	S/L	7.00
285	GAS FRYER	6/01/06	2,000.00	0.00	200.00	1,800.00	0.00	1,800.00	200.00	S/L	7.00
286	COOKTOP/GRIDDLE	6/01/06	1,725.00	0.00	172.50	1,552.50	0.00	1,552.50	172.50	S/L	7.00
287	STAINLESS TABLE	6/01/06	4,624.00	0.00	462.40	4,161.60	0.00	4,161.60	462.40	S/L	7.00
295	MIXER	6/05/06	875.00	0.00	87.50	787.50	0.00	787.50	87.50	S/L	7.00
			330.00	0.00	33.00	297.00	0.00	297.00	33.00	S/L	7.00

75-2425265

FYE: 12/31/2014

Asset	d	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: MACHINERY & EQUIP (continued)												
320		LEAF SUPER VAC	12/06/07	1,099.00	0.00	109.90	859.57	129.53	989.10	109.90	S/L	7.00
398		TURF TIGER MOWER	5/18/09	11,300.00	0.00	0.00	7,398.83	1,614.29	9,013.12	2,286.88	S/L	7.00
399		MOHAWK CUTTER TURF TIGER	6/05/09	1,024.00	0.00	0.00	670.49	146.29	816.78	207.22	S/L	7.00
400		SONY CAMCORDER EQUIP	10/20/09	902.61	0.00	0.00	537.25	128.94	666.19	236.42	S/L	7.00
409	d	FREEZER	12/09/09	595.84	0.00	0.00	347.57	85.12	432.69	163.15	S/L	7.00
420		ICE MACHINE	12/14/10	1,794.99	0.00	180.00	711.36	230.71	942.07	852.92	S/L	7.00
423		TREE TRIMMER	9/09/10	641.05	0.00	0.00	305.27	91.58	396.85	244.20	S/L	7.00
424		WASHER	10/03/10	847.11	0.00	85.00	353.83	108.87	462.70	384.41	S/L	7.00
425		WASHER	10/03/10	847.11	0.00	85.00	353.83	108.87	462.70	384.41	S/L	7.00
426		DRYER	10/31/10	847.11	0.00	85.00	344.76	108.87	453.63	393.48	S/L	7.00
427		DRYER	10/03/10	847.11	0.00	85.00	353.83	108.87	462.70	384.41	S/L	7.00
439		AUTOMATIC POOL SWEEPER	4/28/11	1,664.15	0.00	0.00	633.97	237.74	871.71	792.44	S/L	7.00
445		DRE ULTRASOUND MACH	6/17/11	12,998.72	0.00	0.00	6,499.35	2,599.74	9,099.09	3,899.63	S/L	5.00
447		LOG SPLITTER	11/14/11	500.00	0.00	0.00	216.67	100.00	316.67	183.33	S/L	5.00
478		LEAF BLOWER	11/27/12	420.00	0.00	0.00	65.00	60.00	125.00	295.00	S/L	7.00
493		WASHER/DRYER SAGARSEE TI	1/03/12	349.00	0.00	0.00	99.72	49.86	149.58	199.42	S/L	7.00
499		KAWASAKI MULE 2006	1/16/13	3,000.00	0.00	600.00	314.29	342.86	657.15	2,342.85	S/L	7.00
502		TV FOR BUILDING BLOCKS	1/23/13	716.60	0.00	0.00	93.84	102.37	196.21	520.39	S/L	7.00
517		STORAGE SHED	6/30/14	550.00	0.00c	0.00	0.00	39.29	39.29	510.71	S/L	7.00
518		MOWER IMPLEMENT	8/07/14	2,250.00	0.00c	0.00	0.00	133.93	133.93	2,116.07	S/L	7.00
MACHINERY & EQUIP												
				86,581.70	0.00c	5,186.32	56,215.31	6,752.73	62,968.04	23,613.66		
*Less: Dispositions and Transfers				4,605.84	0.00	401.50	3,956.07	0.00	4,041.19	564.65		
Net MACHINERY & EQUIP				81,975.86	0.00c	4,784.82	52,259.24	6,752.73	58,926.85	23,049.01		
Group: OFFICE EQUIPMENT												
318		PROJECTOR SYSTEM	4/16/07	1,198.05	0.00	119.80	1,026.93	51.32	1,078.25	119.80	S/L	7.00
319		VIDEO PROJECTOR	9/16/07	944.96	0.00	94.49	759.37	91.10	850.47	94.49	S/L	7.00
321		VOICE MAIL SYSTEM	2/16/07	1,460.00	0.00	146.00	1,314.00	0.00	1,314.00	146.00	S/L	5.00
375		ANSI LUMEN PROJECTOR	2/04/08	1,997.99	0.00	0.00	1,688.79	285.43	1,974.22	23.77	S/L	7.00
421		TELEPHONE SYSTEM	6/01/10	3,800.00	0.00	0.00	2,723.33	760.00	3,483.33	316.67	S/L	5.00
459		FOUR FILE DRAWER	3/13/12	354.98	0.00	0.00	92.97	50.71	143.68	211.30	S/L	7.00
OFFICE EQUIPMENT				9,755.98	0.00c	360.29	7,605.39	1,238.56	8,843.95	912.03		
Group: VEHICLES												
107	d	1997 TOYOTA CAMRY	5/01/98	10,886.00	0.00	1,083.00	9,803.00	0.00	9,803.00	1,083.00	S/L	5.00
186		FLATBED TRAILER	10/13/00	870.00	0.00	130.00	740.00	0.00	740.00	130.00	S/L	5.00
190		2 GOLF CARTS	12/20/00	1,857.50	0.00	185.75	1,671.75	0.00	1,671.75	185.75	S/L	5.00
213		91 RANGER TRAILER	8/20/02	11,251.00	0.00	1,125.10	10,125.90	0.00	10,125.90	1,125.10	S/L	5.00
214		2002 TOYOTA SIENNA VAN	11/07/02	18,907.00	0.00	1,890.70	17,016.30	0.00	17,016.30	1,890.70	S/L	5.00
354		2007 TOYOTA COROLLA	4/17/07	16,474.79	0.00	1,647.48	14,827.31	0.00	14,827.31	1,647.48	S/L	5.00
406		2000 SUBURBAN=ROGERS	2/03/09	4,635.00	0.00	0.00	4,557.75	77.25	4,635.00	0.00	S/L	5.00
413		2005 TOYOTA SIENNA VAN	3/18/10	11,750.00	0.00	1,175.00	7,931.25	2,115.00	10,046.25	1,703.75	S/L	5.00
446		2000 FORD EXPEDITION	11/02/11	4,079.00	0.00	0.00	1,767.57	815.80	2,583.37	1,495.63	S/L	5.00
449		1988 CHEVROLET PICKUP	1/31/12	3,800.00	0.00	0.00	1,456.67	760.00	2,216.67	1,583.33	S/L	5.00
511	d	GOLF CART	12/20/00	1,857.50	0.00	185.75	1,671.75	0.00	1,671.75	185.75	S/L	5.00

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: VEHICLES (continued)											
	VEHICLES		86,367.79	0.00c	7,424.53	71,569.25	3,768.05	75,337.30	11,030.49		
	*Less: Dispositions and Transfers		12,743.50	0.00	1,268.75	11,474.75	0.00	11,474.75	1,268.75		
	Net VEHICLES		73,624.29	0.00c	6,155.78	60,094.50	3,768.05	63,862.55	9,761.74		
	Grand Total		1,772,403.85	0.00c	383,560.04	659,772.64	57,665.31	717,437.95	1,054,965.90		
	Less: Dispositions and Transfers		41,890.96	0.00	2,759.98	34,111.67	0.00	35,614.64	6,276.32		
	Net Grand Total		1,730,512.89	0.00c	380,800.06	625,660.97	57,665.31	681,823.31	1,048,689.58		

Asset	Property Description	Disposal Date	Disposal Method	Book Cost/Basis	Gross Proceeds	Expense of Sale	Unrecovered Book Cost	Book Gain/Loss
Group: COMPUTERS								
251	I BOOK (if) 14"	12/31/14	Sold	1,541.48	0.00	0.00	154.14	-154.14
271	17" MONITOR	12/31/14	Sold	415.94	0.00	0.00	41.59	-41.59
272	CONTROL MONITOR	12/31/14	Sold	325.00	0.00	0.00	32.25	-32.25
273	CONTROL MONITOR	12/31/14	Sold	325.00	0.00	0.00	32.50	-32.50
292	IMAC	12/31/14	Sold	2,341.08	0.00	0.00	234.11	-234.11
293	APPLE MINI MAC	12/31/14	Sold	1,015.53	0.00	0.00	101.55	-101.55
303	IMAC/SOFTWARE	12/31/14	Sold	2,748.00	0.00	0.00	274.80	-274.80
323	ILIFE LAPTOP	12/31/14	Sold	1,020.00	0.00	0.00	102.00	-102.00
326	MONITOR 20"	12/31/14	Sold	450.00	0.00	0.00	45.00	-45.00
328	ILIFE MINIMAC	12/31/14	Sold	717.95	0.00	0.00	71.79	-71.79
368	SCHOOL COMPUTER	12/31/14	Sold	530.00	0.00	0.00	0.00	0.00
369	SCHOOL COMPUTER	12/31/14	Sold	530.00	0.00	0.00	0.00	0.00
370	SCHOOL COMPUTER	12/31/14	Sold	530.00	0.00	0.00	0.00	0.00
371	SCHOOL COMPUTER	12/31/14	Sold	530.00	0.00	0.00	0.00	0.00
372	SCHOOL COMPUTER	12/31/14	Sold	530.00	0.00	0.00	0.00	0.00
374	VIEW SONIC MONITOR SCHL	12/31/14	Sold	610.52	0.00	0.00	0.00	0.00
401	APPLE MACBOOK MB466LLA	12/31/14	Sold	1,691.75	0.00	0.00	0.00	0.00
402	MAC MINI	12/31/14	Sold	678.95	0.00	0.00	0.00	0.00
403	APPLE COMPUTER	12/31/14	Sold	1,268.00	0.00	0.00	0.00	0.00
441	APPLE COMPUTER-h1051	12/31/14	Sold	1,908.70	0.00	0.00	413.55	-413.55
442	MAC PRO-H1050	12/31/14	Sold	1,261.80	0.00	0.00	273.39	-273.39
COMPUTERS				<u>20,969.70</u>	<u>0.00</u>	<u>0.00</u>	<u>1,776.67</u>	<u>-1,776.67</u>
Group: FURNITURE AND FIXTURES								
392	ROCKING CHAIRS	12/31/14	Sold	604.97	0.00	0.00	158.47	-158.47
FURNITURE AND FIXTURES				<u>604.97</u>	<u>0.00</u>	<u>0.00</u>	<u>158.47</u>	<u>-158.47</u>
Group: IMPROVEMENTS								
501	POOL PUMP	12/31/14	Sold	2,966.95	0.00	0.00	2,507.78	-2,507.78
IMPROVEMENTS				<u>2,966.95</u>	<u>0.00</u>	<u>0.00</u>	<u>2,507.78</u>	<u>-2,507.78</u>
Group: MACHINERY & EQUIP								
78	COMPUTER	12/31/14	Sold	1,996.00	0.00	0.00	200.00	-200.00
88	TABLE SAW	12/31/14	Sold	179.00	0.00	0.00	18.00	-18.00
254	SURROUND SYSTEM/SPEAKER	12/31/14	Sold	1,500.00	0.00	0.00	150.00	-150.00
280	MICROWAVE	12/31/14	Sold	335.00	0.00	0.00	33.50	-33.50
409	FREEZER	12/31/14	Sold	595.84	0.00	0.00	163.15	-163.15
MACHINERY & EQUIP				<u>4,605.84</u>	<u>0.00</u>	<u>0.00</u>	<u>564.65</u>	<u>-564.65</u>
Group: VEHICLES								
107	1997 TOYOTA CAMRY	2/01/14	Sold	10,886.00	0.00	0.00	1,083.00	-1,083.00
511	GOLF CART	7/04/14	Casualty/Th	1,857.50	0.00	0.00	185.75	-185.75
VEHICLES				<u>12,743.50</u>	<u>0.00</u>	<u>0.00</u>	<u>1,268.75</u>	<u>-1,268.75</u>
Grand Total				<u>41,890.96</u>	<u>0.00</u>	<u>0.00</u>	<u>6,276.32</u>	<u>-6,276.32</u>

* LESS BASIS OF Donated Asset

< 1083.00 >

PART VIII, Line 6c, Loss

< 5193 >