

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning and ending

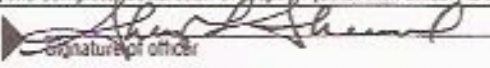
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LIVING ALTERNATIVES PREGNANCY RESOURCE CENTER		D Employer identification number 37-1182626
	Doing Business As		E Telephone number 309-530-5437
	Number and street (or P O box if mail is not delivered to street address) Room/suite 303 LANDMARK DR 1B	G Gross receipts \$ 1,337,378.	
	City or town, state or country, and ZIP + 4 NORMAL, IL 61761		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: N/A			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1985	M State of legal domicile IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	LIVING ALTERNATIVES PREGNANCY RESOURCE CENTER IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION ORGANIZED	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	42
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	491.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,234,121.	751,783.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,909.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,444.	1,994.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	376,677.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,271,474.	1,130,454.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	563,336.	660,262.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11e, 11d, 11f, 24b)	215,519.	
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	590,190.	553,670.
19	Revenue less expenses - subtract line 18 from line 12	1,153,526.	1,213,932.	
Net Assets or Fund Balances	20	Total assets (Part X, line 20)	117,948.	-83,478.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances - subtract line 21 from line 20	1,464,826.	1,533,824.
		833,901.	873,917.	
		630,925.	659,907.	

Part II Signature Block

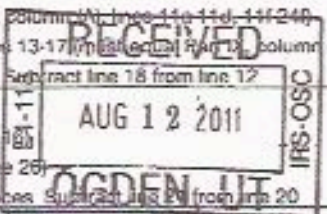
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature Here	Signature of officer 	Date 8-4-11		
	SHERRY SHERWOOD, CEO Type or print name and title			
Preparer Use Only	Print/Type preparer's name BOB GOETTING, CPA	Preparer's signature BOB GOETTING, CPA	Date 8/2/11	Check <input type="checkbox"/> PTIN self-employed
	Firm's name MARTIN, HOOD, FRIESE & ASSOC. LLC		Firm's EIN	
	Firm's address 2507 SOUTH NEIL STREET CHAMPAIGN, IL 61820		Phone no (217) 351-2000	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED AUG 9 2011



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