			Extended to May 15, 2020	Incomo Tox	ſ	OMB No. 1545-0047
Forr	<b>" 9</b>	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		ons)	2018
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may	-		Open to Public
-		enue Service	Go to www.irs.gov/Form990 for instructions and the late			Inspection
				JUN 30, 201		
<b>B</b> C a	heck if pplicab	le:	organization	D Employer identi	ficatio	on number
	Addre chang Name chang	alte	rnatives, Inc. usiness as		272	0602
	Initial returr Final returr	Number		te E Telephone numb	ber	6-7474
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$		3,735,687.
	Amer		ago, IL 60640	H(a) Is this a group	returr	1
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: Bessie Alcantara	for subordinate	es?	Yes X No
	pend	same	as C above	H(b) Are all subordinates	s include	ed? Yes No
		empt status:		If "No," attach	a list.	(see instructions)
			alternativesyouth.org	H(c) Group exempt		
			X Corporation	ar of formation: 1971	M Sta	ate of legal domicile: IL
Ра	nrt I	Summary				
Ð	1		e the organization's mission or most significant activities: Youth age			<del> </del>
Activities & Governance			ensive services for youth, their famil:			
ern.	2		x 🕨 🛄 if the organization discontinued its operations or disposed of mo			
Ň	3		ing members of the governing body (Part VI, line 1a)		3	11
ۍ م	4		ependent voting members of the governing body (Part VI, line 1b)		1	11
es	5		of individuals employed in calendar year 2018 (Part V, line 2a)			93
viti	6	Total number	of volunteers (estimate if necessary)		<u>;                                    </u>	40
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		<u>a</u>	0.
_	b	Net unrelated	business taxable income from Form 990-T, line 38	7	<u>b</u>	0.
				Prior Year	$\perp$	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	3,220,788		3,685,373.
nue	9	Program servi	ce revenue (Part VIII, line 2g)	39,341		9,928.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	0		460.
œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,911		31,893.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,281,040		3,727,654.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0		0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0	_	0.
ş	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,536,060		2,912,726.
Expenses	16a	Professional fu	and raising fees (Part IX, column (A), line 11e) $304,019$ .	0	•	0.
ę	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	857,028		847,263.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,393,088		3,759,989.
	19	Revenue less	expenses. Subtract line 18 from line 12	-112,048	•	-32,335.
or ces				Beginning of Current Yea		End of Year
sets	20	Total assets (F	Part X, line 16)	2,203,230		2,190,526.
Net Assets or -und Balances	21	Total liabilities	(Part X, line 26)	1,288,553		1,308,184.
			fund balances. Subtract line 21 from line 20	914,677	•	882,342.
Pa	irt II	Signature	Block			
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of r	ny kno	wledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.		

Sign		Signature of officer				Date	
Here		Bessie Alcantara, Execu	utive	Director			
		Type or print name and title					
	Prir	nt/Type preparer's name	Preparer	's signature	Date	Check	PTIN
Paid	Pa	ul Betlinski	Paul	Betlinski	03/23	/20 self-employed	P01960501
Preparer	Firn	n's name Desmond & Ahern,	Ltd.			Firm's EIN 🕨 🕄	36-3321958
Use Only	Firn	n's address 🕨 10827 S. Western	Ave.				
		Chicago, IL 60643	3			Phone no. 773 -	-779-4720
May the II	RS d	iscuss this return with the preparer shown abo	ve? (see	instructions)			X Yes No
							000

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

orm		Page
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Alternatives, Inc.'s mission is to facilitate personal development,	
	strengthen family relationships, and enhance the community's well	
	being. Serving over 3,000 youth and families annually, we offer a	
	range of counseling and youth development services.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X 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?	XN
	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	1 510 407	28.
Ĩ	Clinical Services - By combining behavioral health through Clinical	
	Services with the positive skill-building programs provided by Youth	
	Development programs, Alternatives is able to engage youth in making	
	healthy choices and developing healthy relationships; succeeding	
	academically; building strong communication and conflict resolution	
	skills while positioning them as leaders in their communities. Our	
	Clinical Services department provides Individual, Group and Family	
	Counseling, Substance Abuse Counseling, and Family Intervention	
	Services.	
4b		
	Youth Development-Alternatives' Youth Development programs build on	
	youth's assets and are designed with input from the youth to build	
	protective factors and reduce risk-factors associated with negative	
	health outcomes for themselves and their peers.	
	Our programs offer youth a safe space for self-expression, discovery,	
	skill-building, and leadership development and include Girl World,	
	Career and Employment Services, Urban Arts, Restorative Justice, and	
	Youth Empowerment Program.	
	These programs and services are highly collaborative, utilizing	
	internal referrals and partnerships with other organizations to ensure	3
	youth receive all of the supports and resources they need to develop	
	health and stability. Alternatives works with more than 3,000 youth	
4c		
10		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 2,951,981.	
	Form <b>990</b>	<b>)</b> (201
32002	2 12-31-18 See Schedule O for Continuation(s)	
	2	
03	323 402354 030221       2018.05060 ALTERNATIVES, INC.       03	302

Form 990 (2018) Alternatives, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_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	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	~	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	- 23	
D		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		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	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form 990 (2018)Alternatives, Inc.Part IVChecklist of Required Schedules (continued)

			Yes	No
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I	250		- 23
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,"			x
<b>0</b> -	complete Schedule L, Part II	26		
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 93			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	_		37
	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).	_	v	
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		- <b>v</b>
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7		
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
			000	

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>					X
ec	tion A. Governing Body and Management						
					_	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		11	-		
	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.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	t supervisio	n			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				<b>–</b>		
74	more members of the governing body?				7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				<u>1a</u>		- 23
D							х
_	persons other than the governing body?				7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		0			37	
а	The governing body?				<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
		•	, , ,		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	e ining are				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
						X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	л	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	,				v	
	in Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				100		
D			-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				101		
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL$						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section	501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	n in Scl	hedule O)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	olicy, and	financ	ial	
	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 boo	oks and	d records	►			
-	Robert Nauert - $773-506-7474$ 4730 N. Sheridan, Chicago, IL 60640	and and					
00-					Form	990	(2040
2006	12-31-18 6				FULL	1000	(2018
03	6         23 402354 030221       2018.05060 ALTERNAT	IVES	S, INC	•		03	022

 Form 990 (2018)
 Alternatives, Inc.
 36-2720602
 Pag

 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.

09

36-2720602 Page 6

X

Form 990 (2		36-2720602	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest (	Compensated	
	Employees, and Independent Contractors		
	Check 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."

(D)

• 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.

 $(\mathbf{n})$ 

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	. unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormei			organizations
(1) Randall Doubet-King	5.00		<u> </u>	0	$\leq$	Ξē	Ē			
President		х		x				0.	Ο.	0.
(2) Michael J. Harris	1.00									
Vice President		х		x				0.	Ο.	0.
(3) Johara Veal	1.00									
Secretary		х		x				0.	Ο.	0.
(4) Tim Harris	1.00									
Treasurer		х		x				0.	0.	0.
(5) Jeffery Becker	1.00									
Director		х						0.	0.	0.
(6) Payal Keshvani	1.00									
Director		Х						0.	0.	0.
(7) Julliette Stancil	1.00									
Director		Х						0.	0.	0.
(8) Tom Ziegenfuss	1.00									
Director		Х						0.	0.	0.
(9) Katie Eng	1.00									
Director		Х						0.	0.	0.
(10) Ozzie Godinez	1.00									
Director		Х						0.	0.	0.
(11) Michael A. Cramarosso	1.00									
Director		Х						0.	0.	0.
(12) Judith M. Gall	40.00									
Executive Director thru 11/2/18				X				88,729.	0.	2,912.
(13) Bessie L. Alcantara	40.00							c	•	
Executive Director since 11/28/18				X				6,058.	0.	3,112.
832007 12-31-18	1							1		Form <b>990</b> (2018)

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	990 (2018) Alternat	ives, In	c.							36-2	720	602	Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck i ss per	more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	in I	ar	(F) stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		f org an	pensa rom th ganizat id relat anizati	ne tion ted
	Sub-total Total from continuation sheets to Part VI								94,787.		0.		6,0	24.
d	Total (add lines 1b and 1c)								94,787.		0.		6,0	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			0
3	Did the organization list any <b>former</b> officer,	director, or tru	istee	e, ke	y en	nplo	oyee,	or I	highest compensated er	nployee on	[		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		X
	rendered to the organization? <i>If</i> "Yes." com tion <b>B. Independent Contractors</b>											5		X
1	Complete this table for your five highest co									, ,	pensat	ion fr	om	
	the organization. Report compensation for t					ith c	or wi	thin	(B)				C)	
	Name and business	address	NC	ONE	5			_	Description of s	ervices	0	ompe	ensatio	n
								_						
								-						
								-						
	Total number of independent contractors "			oito	1 + ~ -	the		tod	abovo) who received	are then				
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	JUIN	me	1 10		) )	rea	above) who received mo			_	000	(22)
												⊢orm	<b>990</b> (	,2018)

rt VII	Alternatives           I         Statement of Revenue	,			36-2720	) <b>602</b> Ра
	Check if Schedule O contains a response	e or note to any line	e in this Part VIII			
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excl from tax un sections 512 - 514
1 a	Federated campaigns 1a					
b	Membership dues 1b					
	Fundraising events 1c	26,298.				
	Related organizations 11	0.01 0.07				
		<u>,801,807.</u>				
Ť	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	857,268.				
a	similar amounts not included above <b>If</b>	C ( 0 )				
	Total. Add lines 1a-1f		3,685,373.			
		Business Code				
2 a	Program Fees	900099	9,928.	9,928.		
b			-			
с						
2a b c d e f						
е						
•	All other program service revenue		9,928.			
	Total. Add lines 2a-2f		9,920.			
3	Investment income (including dividends, inte other similar amounts)		460.			4
4			1001			
4       Income from investment of tax-exempt bond proceeds         5       Royalties						
-	(i) Real	(ii) Personal				
6 a	Gross rents 26,582	•				
b	Less: rental expenses0	•				
с	Rental income or (loss) 26,582	•				
d	Net rental income or (loss)	🕨	26,582.			26,58
7 a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses					
	Gain or (loss) Net gain or (loss)					
	Gross income from fundraising events (not					
• -	including \$ 26,298. of					
	contributions reported on line 1c). See					
	Part IV, line 18	a 13,344.				
b	Less: direct expenses	ь 8,033.				
	Net income or (loss) from fundraising events	▶	5,311.			5,32
9 a	Gross income from gaming activities. See					
	Part IV, line 19					
		b Land				
	Net income or (loss) from gaming activities Gross sales of inventory, less returns					
iu d	and allowances	a				
b		b b				
	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
11 a						
b						
С						
	All other revenue					
	Total. Add lines 11a-11d			0.000		20.27
12	Total revenue. See instructions		3,727,654.	9,928.	0.	32,35

9

			скреносо	general expenses	схрензез
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 000	48 506	25 625	25 625
	trustees, and key employees	118,990.	47,596.	35,697.	35,697.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 000 040	1 014 484	0.4.6 . 1.0.0	1 4 0 4 4 5
7	Other salaries and wages	2,309,049.	1,914,471.	246,133.	148,445.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	211 202		24 1 2 2	21 264
9	Other employee benefits	311,303.	255,917.	34,122.	21,264. 13,871.
10	Payroll taxes	173,384.	138,707.	20,806.	13,8/1.
11	Fees for services (non-employees):				
a	Management				
b	Legal	23,727.		23,727.	
	Accounting	23,121.		43,141.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	65,417.	49,221.	9,579.	6,617.
10	column (A) amount, list line 11g expenses on Sch 0.)	05,417.	47,2210	5,575•	0,017.
12	Advertising and promotion	161,371.	89,955.	50,579.	20 837
13 14	Office expenses	74,323.	52,860.	15,003.	20,837. 6,460.
14	Information technology	/4/5250	52,000.	13,003.	0,1001
16	Royalties Occupancy	129,866.	115,723.	8,553.	5,590.
17	Travel	32,225.	31,875.	193.	157.
18	Payments of travel or entertainment expenses	5272251	51,0,51	1931	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	539.	439.	100.	
20	Interest	47,539.	38,465.	5,495.	3,579.
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	81,227.	38,823.	22,169.	20,235.
23	Insurance	29,475.	23,848.	3,408.	2,219.
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 0.)				
а	Stipends	113,887.	110,465.	1,000.	2,422.
b	Program	74,750.	41,027.	24,701.	9,022.
с	Events	7,423.			7,423.
d	Miscellaneous	3,540.	765.	2,724.	51.
е	All other expenses	1,954.	1,824.		130.
25	Total functional expenses. Add lines 1 through 24e	3,759,989.	2,951,981.	503,989.	304,019.
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 if following SOP 98-2 (ASC 958-720)				
					- 000 (

# Form 990 (2018)

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

Alternatives, Inc. Part IX Statement of Functional Expenses

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

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

(A) Total expenses

(B) Program service expenses

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**(D)** Fundraising expenses

(C) Management and general expenses

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10 2018.05060 ALTERNATIVES, INC. Form 990 (2018)

11

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 3,335. Cash - non-interest-bearing 138,000. Savings and temporary cash investments 1,096,534. Pledges and grants receivable, net

Alternatives, Inc.

	5		1/000/0010	5	1/025/1050
	4	Accounts receivable, net		4	
	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		-	
	Ū				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	41,026.	9	55,607.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,025,568.			
	h	basis. Complete Part VI of Schedule D10a2,025,568.Less: accumulated depreciation10b1,059,678.	924,335.	10c	965,890.
	11	Investments - publicly traded securities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	
				12	
	12	Investments - other securities. See Part IV, line 11			
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	ļ
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,203,230.	16	2,190,526.
	17	Accounts payable and accrued expenses	120,919.	17	177,314.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
ies	LL	key employees, highest compensated employees, and disqualified persons.			
Liabilities					
lat		Complete Part II of Schedule L	006 655	22	040 027
-	23	Secured mortgages and notes payable to unrelated third parties	896,655.	23	840,937.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	270,979.	25	289,933.
	26	Total liabilities. Add lines 17 through 25	270,979. 1,288,553.	26	289,933. 1,308,184.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
ß		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	455,677.	27	578,342.
lan	28	Temporarily restricted net assets	321,000.	28	166,000.
Ba	20 29	_ <u>.</u>	138,000.	29	138,000.
p	29	· · · · · · · · · · · · · · · · · · ·	150,000.	29	150,000.
요		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	ļ
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ
f	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	914,677.	33	882,342.
	~ -	Total liabilities and net assets/fund balances	2,203,230.	34	2,190,526.
	34	Total habilities and het assets/fund balances	2,203,230.	34	Form <b>990</b> (2018)

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3

**(B)** End of year

1,560.

138,000.

1,029,469.

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2018.05060 ALTERNATIVES, INC.

Form 990 (2018)

Part X Balance Sheet

1

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3

Check 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)         2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       914, 677.         5       6         6       6         7       7         5       6         6       7         7       8         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))         9       Other changes in net assets or fund balances (explain in Schedule 0)         9       Other changes in net assets or fund balances (explain in Schedule 0)         10       Retasset or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, roolumn (B))         10       Retasset or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, roolumn (B))         10       Retasset or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, roolumn (B))         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other	Form	Alternatives, Inc.	36-27	20602	Pag	<sub>ge</sub> 12
1       Total evenue (must equal Part VIII, column (A), line 12)       1       3, 727, 654.         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 759, 989.         3       -32, 335.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       914, 677.         5       Net unrealized gains (losses) on investments       6       6         6       7       7       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       8       8         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       8822, 342.         Part XIII       Financial Statements and Reporting	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 759, 989.         3       Revenue less expenses. Subtract line 2 from line 1       3       -32, 335.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       9114, 677.         5       Image: State of the construction of the construction of the state of the construction of the		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 759, 989.         3       Revenue less expenses. Subtract line 2 from line 1       3       -32, 335.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       9114, 677.         5       Image: State of the construction of the construction of the state of the construction of the						
3 Revenue less expenses. Subtract line 2 from line 1 3 -32,335.   4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 9 914,677.   5 Net unrealized gains (losses) on investments 5   6 0onated services and use of facilities 7   7 8 Prior period adjustments 6   9 0.the assets or fund balances (explain in Schedule 0) 9 0.the assets or fund balances (explain in Schedule 0)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 882, 342.the asset asset as a set of the organization sinancial statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII 1 882, 342.the asset	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       914, 677.         5       Net unrealized gains (losses) on investments       5       6         6       0       7       6         7       8       6       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       8822, 342.         Part XII       Financial Statements and Reporting       10       8822, 342.         Check if Schedule O contains a response or note to any line in this Part XII       10       882, 342.         9       Other       If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1f "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:       2a       X       X         1f "Yes," check a box below to indicate whether the financial statements acountant?       <	2	Total expenses (must equal Part IX, column (A), line 25)	2			
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       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       882 , 342 .         Part XII       Financial Statements and Reporting       10       882 , 342 .         Check if Schedule O contains a response or note to any line in this Part XII       1       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         1       F'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both:       2b       X         1       f" 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       8822, 342.         Part XII       Financial Statements and Reporting       10       8822, 342.         Check if Schedule O contains a response or note to any line in this Part XII       10       10         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	914	, 6'	<u>77.</u>
7 Investment expenses 7   8 Prior period adjustments 9   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   Part XII Financial Statements and Reporting   Check 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 X   X Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the financial statements compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   B Both consolidated and separate basis, or both:   X Se	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)       10       882, 342.         Part XII       Financial Statements and Reporting       10       882, 342.         Part XII       Financial Statements and Reporting       10       882, 342.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       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:       2a       X         1       Fireys," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         1       fi "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         1       fi "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8822, 342.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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 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: X onsolidated basis, or both: X 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: X separate basis Consolidated basis Both consolidated and separate basis b Were the organization of its financial statements and selection of an independent accountant? X organization of its financial statements and selection of an independent accountant? X 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	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       882, 342.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)       10       882,342.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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:       2b       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process	_		10	882	, 34	<u>42.</u>
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash       Image: Cash       Image: Cash       X       Accrual       Other       Image: Cash		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
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 statement 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:   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:   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:   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					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         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:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         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       Image: Context award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Context award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1					
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:       Image: Consolidated basis			0.			
separate basis, consolidated basis, or both:   Separate basis   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:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   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	2a			2a	_	<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li>     &lt;</ul>			on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
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:          Image: Imag						
consolidated basis, or both:       X         X       Separate basis       Consolidated basis         Both consolidated and separate basis       Image: Consolidated 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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Consolidated basis       Image: Conso	b			2b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis			e basis,			
<ul> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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</li> </ul>						
review, or compilation of its financial statements and selection of an independent accountant? 2c X 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						
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	с					1
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				2c	X	
	3a		gle Audit			1
Act and OMB Circular A-133?				<b>3a</b>	x	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					1
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Nam	lame of the organization Employer identification number								
	Alternatives, Inc. 36-2720602								
Pa	rt I	Reason for Public (	Charity Status	All organizations must co	omplete th	is part.) Se	e instructions	S.	
The	organi	zation is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in so	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:				-		-	
10		An organization that norma	lly receives: (1) more	e than 33 1/3% of its sup	oort from o	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		] Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		] Type III functionally inte	grated. A supportir	ng organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		] Type III non-functionally	integrated. A sup	porting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	۷.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ide the following information				-insting listed			
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount or	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota				unations for Form 000 or	000 57				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

<sup>2018.05060</sup> ALTERNATIVES, INC.

# Schedule A (Form 990 or 990-EZ) 2018 Alternatives, Inc.

36-2720602 Page 2

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.)

See	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2805074.	3588327.	3203709.	3220788.	3685373.	<u>16503271.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2805074.	3588327.	3203709.	3220788.	3685373.	16503271.
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)						687,400.
	Public support. Subtract line 5 from line 4.						<u>15815871.</u>
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2805074.	3588327.	3203709.	3220788.	3685373.	16503271.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	16,997.	15,925.	20,947.	19,444.	27,042.	100,355.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16603626.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	200,513.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stop	phere					
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I		•	.,,		14	95.26 %
	Public support percentage from 2017					15	94.92 %
<b>16</b> a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2017.</b> If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the orgar	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	oumstances" test. ٦	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>
					Sche	edule A (Form 990	or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018	Alternatives,	Inc.
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# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	8 <b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	8 <b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) or	ganization,
						<u></u>
Section C. Computation of Publ	ic Support Per	rcentage				
<b>15</b> Public support percentage for 2018 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves					1 1	
17 Investment income percentage for 2			ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the						line 17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, che						ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t			
832023 10-11-18		15	5	Sch	edule A (For	m 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018 Alternatives, Inc.

1

2

3a

Yes No

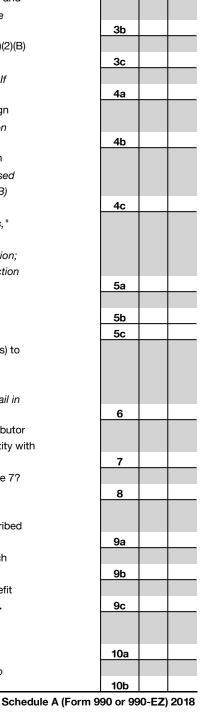
# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

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2018.05060 ALTERNATIVES, INC.

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 Schedule A (Form 990 or 990-EZ) 2018 Alternatives, Inc.
 36-2720602 Page 5

 Part IV
 Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations		I	
			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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	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,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec				
			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	-		
<u></u>	the supported organization(s).	1		
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instr	uctions)	_	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 <b>Part VI identify</b>			
	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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D.	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	0h		
0	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
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.	3b		
832025	10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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	(Form 990 or 990-EZ) 2018 Alternatives, Inc.
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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on 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		
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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v intogratov	d Type III supporting orga	-

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 Alternatives, Inc.

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	0 2720002 Pager
Sect	on D - Distributions		(oontindou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
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.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018	Alternatives,	Inc.
Part VI Supplemental Inform	nation by the	

Section D, lines 5, 6, and 8; and Part V, (See instructions.)	Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
332028 10-11-18	Schedule A (Form 990 or 990-EZ) 201

SC	HEDULE D	Supplementa	al Financia	I Statement	S		OMB No. 1545-0047	
	n 990)	Complete if the organized in the orga	anization answere	d "Yes" on Form 990	).		2018	
Depart	ment of the Treasury	Part Ⅳ, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11 Attach to Form 99	d, 11e, 11f, 12a, or 12 0.	2b.		Open to Public	
	I Revenue Service	Go to www.irs.gov/Form99			nation.		Inspection	
Nam	e of the organizati					Emp	ployer identification numb	er
Pa	rt I Organiza	Alternatives, Inc. ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds	or Ac	coun	<u>36-2720602</u>	
I U		n answered "Yes" on Form 990, Part IV, lin				coun	Complete il the	
	organizatio			advised funds	(	<b>b)</b> Fun	ids and other accounts	
1	Total number at e	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in v	writing that the asse	ets held in donor advis	sed fund	s		
	are the organization	on's property, subject to the organization's	exclusive legal con	trol?			Yes 🗌 N	No
6	•	on inform all grantees, donors, and donor a	•	•		-		
		ooses and not for the benefit of the donor o		<i>,</i>		Ũ		
Pa	impermissible priv							No
		ation Easements. Complete if the org			Part IV,	line 7.		
1		servation easements held by the organization	` <u> </u>	1			tent lend en e	
		n of land for public use (e.g., recreation or e	ducation)	Preservation of a his	-	•		
		of natural habitat n of open space		Preservation of a cer	tified his	storic s	structure	
2		through 2d if the organization held a qualif	ied conservation of	ontribution in the form	of a cor	sonia	tion essement on the last	
2	day of the tax year					ISCIVA	Held at the End of the Tax Ye	ar
а		onservation easements				2a		ui
b						2b		
c	-	vation easements on a certified historic stru				2c		
d		vation easements included in (c) acquired a						
		nal Register				2d		
3		vation easements modified, transferred, rel				ation	during the tax	
	year 🕨							
4	Number of states	where property subject to conservation eas	ement is located	<u> </u>				
5		tion have a written policy regarding the per						
	,	forcement of the conservation easements it						No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violatio	ns, and enforcing con	servation	1 ease	ments during the year	
7			lling of violations o	nd onforcing concerns	tion one		to during the year	
7	► \$	ses incurred in monitoring, inspecting, hand	inng of violations, a	nd enforcing conserva	ation eas	emeni	is during the year	
8	-	vation easement reported on line 2(d) abov	e satisfy the require	ements of section 170	(h)(4)(B)(	i)		
Ū		)(4)(B)(ii)?					Yes	No
9		be how the organization reports conservation						
		ble, the text of the footnote to the organizat		-				
	conservation ease	ements.			-		-	
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or O	ther Si	mila	r Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8					
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to repo	ort in its revenue stater	ment and	d balar	nce sheet works of art,	
	historical treasure	s, or other similar assets held for public exh	hibition, education,	or research in furthera	ince of p	oublic	service, provide, in Part XIII,	,
		tnote to its financial statements that descril						
b		elected, as permitted under SFAS 116 (AS						
		r similar assets held for public exhibition, ec	ducation, or researc	ch in furtherance of pu	blic serv	ice, pi	rovide the following amount	ïS
	relating to these it					•	٨	
		Ided on Form 990, Part VIII, line 1					ቅ	
0	.,			allar assats for financia			\$	
2	0	received or held works of art, historical trea unts required to be reported under SFAS 1			a yan, p	OVIDE	;	
~	•	on Form 990, Part VIII, line 1	· ,	•			\$	
a b		i Form 990, Part X					\$\$	
<u> </u>	maaeta iniciuueu In	110m1330, 1 alt A					Ψ	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

Sche		tives, Inc.					6-27			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other 3	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that	are a sigr	nificant us	e of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ms					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizatio	n's exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	r similar a	ssets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "`	Yes" on F	orm 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					lf				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for escrow or cu	istodial accou	int liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	if the organization and	swered "Yes" on Fo	rm 990, Part I	IV, line 10	).				
		(a) Current year	(b) Prior year	(c) Two years	s back 🛛 🕻	<b>d)</b> Three ye	ars back	(e) Fou		
	Beginning of year balance	138,000.	138,000.	138	,000.	13	8,000.		138,	000.
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	138,000.	138,000.		,000.	13	8,000.		138,	000.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment  100.00	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administere	ed for the	organizat	ion	1		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		<u>X</u>
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.							
T ai			David IV / Line 11a O		Deut V III	10				
	Complete if the organization answere						.	( )		
	Description of property	(a) Cost or ot basis (investm	( )	or other (other)	• •	cumulated reciation	1	( <b>d)</b> Boo	k value	e
	Land		,	9,500.	uepi	COLACION		26	9,50	00
	Land			5,546.	7	22,29	0		<u>9,50</u> 3,2!	
	Buildings		1,20	5,540.	1.	44,49	<u>.</u>	50	5,23	50.
	Leasehold improvements		20	7,551.	1	64,41	7	1 2	3,13	31
	Equipment			$\frac{7,351}{2,971}$		<u>04,41</u> 72,97		T D	Ј, Т.	<u> </u>
	Other			-			<u>+-</u>	96	5,89	
rotal	. Add lines 1a through 1e. <i>(Column (d) must e</i>	guai ⊢orm 990, Part >	<u>, column (B), line 1</u>	UC.)					-	
						3	uneuule	רוטר) ש	1 JJU)	2010

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Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
		line 11a Cas Faunt 000 Dart V line 1	0
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value		st or end-of-year market value
(1)	(0) 20011 10100		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" c		line 11d. See Form 990, Part X, line 1	
	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.)		►
Part X Other Liabilities.	· · · ·		· ·
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part X	, line 25.
<b>1.</b> (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) Accrued payroll		179,988.	
(3) Refundable advance		28,902.	
(4) Capital lease obligation		81,043.	
(5)			
(6)			
(7)			
(8)			
(9)		200 022	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) 🕨	289,933.	

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 X

Sche	edule D (Form 990) 2018 Alternatives, Inc.			36-	2720602	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With R	levenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,796,	954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities		69,300.			
с	Recoveries of prior year grants					
d						
е	Add lines <b>2a</b> through <b>2d</b>			2e	69,	300.
3	Subtract line 2e from line 1			3	3,727,	654.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	)		5	3,727,	654.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total expenses and losses per audited financial statements			1	3,829,1	289.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	69,300.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		300.
3	Subtract line 2e from line 1			3	3,759,	
				•	371337	989.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				011001	989.
4 a						989.
а	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a				989.
а	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		4c		<u>989.</u> 0.
а	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			3,759,5	0.

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 V, line 4:

The purpose of the endowment is to generate investment income to be	e usea
---	--------

by the agency as needed.

Part X, Line 2:

FIN 48 Note from Audited Financial Statements

Alternatives, Inc. was granted an exemption from federal income taxes by

the Internal Revenue Service pursuant to the provisions of Internal

Revenue Code Section 501(c)(3). The Organization qualifies for the

charitable contribution deduction and has been classified as an

organization that is not a private foundation under Section 509(a)(1). The

 tax-exempt purpose of the Organization and the nature in which it operates

 832054 10-29-18
 Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 Alternatives, Inc. Part XIII Supplemental Information (continued)	36-2720602	Page 5
is described above. The Organization continues to operate in	n compliance	
with its tax-exempt purpose.		
Alternatives has adopted the requirements for accounting for	<u>uncertain t</u>	ax
positions and management has determined that Alternatives wa	us not requir	red
to record a liability related to uncertain tax positions as	of June 30,	
2019.		
The Organization's annual information and income tax returns	filed with	
the federal and state governments are subject to examination	ı generally f	or
three years after they are filed.		

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ntal Informa	tion Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)			answered "Yes" on tered more than \$1			Part IV, line 17, 18, o	r 19,	or if the	2018
Department of the Treasury	C C	-	Attach to Form 990	•		-			Open to Public
Internal Revenue Service	► Go	-				the latest informati	on.		Inspection
Name of the organization		tives, I	nc.					Employer ide 36-2720	ntification number 602
	ing Activities.	Complete if the		ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
1 Indicate whether the	complete this part		h any of the followin	a activ	rities (	Check all that apply			
a 🔄 Mail solicitat						overnment grants			
_	email solicitations					nment grants			
c Phone solici			g 🔄 Special	fundra	lising	events			
d In-person so <b>2 a</b> Did the organization		r oral agreemen	t with any individual	(includ	lina of	ficers. directors. trus	tees.	or	
			in connection with p				,	Yes	s 🗌 No
<b>b</b> If "Yes," list the 10 compensated at le	•		s (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e
				(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (func		(ii)	Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	_			
Total					►				
<ol> <li>List all states in whi or licensing.</li> </ol>					utions	or has been notified	it is o	exempt from re	gistration
LHA For Paperwork Re	duction Act Not	ca saa tha laa	tructions for Form (	000 or	000 -	7	Soho	dula C /Earm (	990 or 990-EZ) 2018
		, see uie ins		00 U	330-E	.2.	June		90 UI 990-EZJ ZU 10

# Schedule G (Form 990 or 990 EZ) 2018 Alternatives, Inc.

36-2720602 Page 2

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

			(a) Event #1 Gala	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts				39,642
	2	Less: Contributions	26,298.			26,298
	3	Gross income (line 1 minus line 2)	13,344.			13,344
	4	Cash prizes				
	5	Noncash prizes				
-	6	Rent/facility costs	750.			750
	7	Food and beverages	6,633.			6,633
	8	Entertainment				650
	9 10	Other direct expenses Direct expense summary. Add lines 4 thro			<b>&gt;</b>	8,033
		Net income summary. Subtract line 10 fro	-		•	5,311
ar	rt I					
_		\$15,000 on Form 990-EZ, line 6a.		-		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
L	1	Gross revenue				
+						
	2	Cash prizes				
-						
	3	Cash prizes				
-	3 4	Cash prizes				
-	3 4 5	Cash prizes Noncash prizes Rent/facility costs		└────────────────────────────────────	└── Yes % └── No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		No	No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			No	
-	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	No	□ No ►	
-	3 4 5 7 8	Cash prizes	Yes% Yes% No bugh 5 in column (d) ne 7 from line 1, column (d)	No	□ No ►	
	3 4 5 6 7 8 Ent	Cash prizes	Yes%          No         bugh 5 in column (d)          ne 7 from line 1, column (d)         onducts gaming activities:         ng activities in each of these	No	No ►	Yes N
               	3 4 5 6 7 8 Entt Is tl If "I	Cash prizes	Yes%          No         bugh 5 in column (d)          ne 7 from line 1, column (d)         onducts gaming activities:         ng activities in each of these	States?	No	
         	3 4 5 6 7 8 Entt Is tl Is tl We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lines ter the state(s) in which the organization context for the organization licensed to conduct gaming	Yes%          No         bugh 5 in column (d)          ne 7 from line 1, column (d)         onducts gaming activities:         ng activities in each of these         es revoked, suspended, or te	No	No	

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Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990 EZ) 2018 Alternatives, Inc.	36-2	720602	Page <b>3</b>
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 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility		13a	%
	a An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
2	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vee	
	retain the state gaming license?		L Yes	
Ľ	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir organization's own exempt activities during the tax year > \$	i the		
Pa	Int 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.			
8320	83 10-03-18 Schedule 28	G (Form	990 or 990	-EZ) 2018

Schedule G (Form 990 or 990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)



Alternatives, Inc.

Form 990, Part III, Line 4b, Program Service Accomplishments:

each year, providing services in its Uptown Youth and Family Center, as

well as in public schools throughout Chicago.

Form 990, Part VI, Section B, line 11b:

The Board Treasurer and Financial Committee reviewed the Form 990 and

related schedules. The Form 990 was distributed to the Board of Directors

prior to filing.

Form 990, Part VI, Section B, Line 12c:

Staff and Board members sign a form every year where they can list any
potential conflicts of interest. Distribution of the form is accompanied
by a training regarding conflicts of interest, what they are, and the
importance of letting the agency know of any conflicts or potential
conflicts. If there is even the appearance of a potential conflict, staff
and board members are requested to disclose it on the form. The forms are
collected and reviewed by the Executive Director and Board of Directors,
and any conflicts or potential conflicts are reviewed and discussed in
order to take appropriate action.

Form 990, Part VI, Section B, Line 15:

The salary for the Executive Director is determined by the Executive

Committee of the Board of Directors and is based on performance, comparable

salaries, required skills, and position responsibility. Compensation for

other top managers is determined by the Executive Director based on the

same criteria.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization			Employer identificatio	
Alternatives,	, Inc.		36-2720602	
orm 990, Part VI, Section	C, Line 19:			
overning documents and fin	ancial statements	are available	upon request	
he Organization is in the	process of upgradi	ng its website	e which will	
nclude a section that will	. make these docume	ents available	to the gener	al
ublic.				
212 10-10-18	31	Sched	ule O (Form 990 or 990-	-EZ) (2018)
0323 402354 030221		ALTERNATIVES,	INC.	030221

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