

**Hendon & Slate, P.C.**  
**P.O. Box 9**  
**Fremont, MI 49412**  
**231-924-6890**

May 2, 2005

**CONFIDENTIAL**

Alternatives in Motion  
1916 Breton Road SE  
Grand Rapids, MI 49506

For professional services rendered in connection with the preparation of the following tax forms  
for year ending 12/31/04.

Amount due \$ 0.00

**Hendon & Slate, P.C.**  
**P.O. Box 9**  
**Fremont, MI 49412**  
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**CONFIDENTIAL**

Alternatives in Motion  
1916 Breton Road SE  
Grand Rapids, MI 49506

Dear :

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Hendon & Slate, P.C.

**Filing Instructions**  
**Alternatives in Motion**  
**Exempt Organization Tax Return**  
**Taxable Year Ended December 31, 2004**

**Date Due:** May 16, 2005

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/04 shows no balance due. The return should be signed and dated on Page 6 by an officer representing the organization.

**Mail To:** Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd.  
Ogden, UT 84404

**Other:** Initial and date the copy of the return, and retain it for your records.

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

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Alternatives in Motion
Number and street (or P.O. box if mail is not delivered to street address): 1916 Breton Road SE
Room/suite:
City or town, state or country, and ZIP + 4: Grand Rapids MI 49506

D Employer identification no. 38-3133483
E Telephone number
F Accounting method: [X] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: alternativesinmotion.org

J Organization type (check only one) [X] 501(c)(3) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
I Group Exemption Number
M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 312,685

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

**Part II Statement of**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

**Functional Expenses**

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <u>Stmt 1</u> (cash \$ _____ non-cash \$ <u>45,237</u> )	45,237	45,237		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.	72,912	36,456	36,456	
26	Other salaries and wages	30,282		25,907	4,375
27	Pension plan contributions				
28	Other employee benefits	4,989	1,086	3,903	
29	Payroll taxes	15,214	2,489	12,390	335
30	Professional fundraising fees				
31	Accounting fees	4,420		4,420	
32	Legal fees				
33	Supplies	1,914		1,914	
34	Telephone	3,500		3,500	
35	Postage and shipping	733		733	
36	Occupancy				
37	Equipment rental and maintenance	454		454	
38	Printing and publications				
39	Travel	3,704		3,704	
40	Conferences, conventions, and meetings				
41	Interest	3,107		3,107	
42	Depreciation, depletion, etc. (attach schedule)	10,899		10,899	
43	Other expenses not covered above (itemize): a				
	b See Statement 2	8,262		2,482	5,780
	c				
	d				
	e				
44	<b>Total functional expenses</b> (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	205,627	85,268	109,869	10,490

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
<p>► Provide wheelchairs for needy individuals</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a Cost to provide and customize wheelchairs to needy individuals (50 individuals assisted).</p> <p>(Grants and allocations \$ 45,237 )</p>	85,268
<p>b</p> <p>(Grants and allocations \$ )</p>	
<p>c</p> <p>(Grants and allocations \$ )</p>	
<p>d</p> <p>(Grants and allocations \$ )</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ )</p>	
<p>f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)</p>	85,268

Part IV Balance Sheets (See page 25 of the instructions.)

Table with columns (A) Beginning of year and (B) End of year. Rows include assets (45-59), liabilities (60-66), and net assets (67-74). Includes sub-rows for accounts receivable, investments, land, and equipment.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	17,535
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed		MI
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	
91	The books are in care of		George Ranville Telephone no. 616-493-2620 Located at Grand Rapids, MI ZIP + 4 49506
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments .....					12
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....			1	-775	
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0		-775	12
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....					-763

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Instr. W) 368-72-7568

Firm's name (or yours if self-employed), address, and ZIP + 4 **Hendon & Slate, P.C.** EIN **38-2563599**  
**P.O. Box 9** Phone no. **231-924-6890**  
**Fremont, MI 49412**

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2004**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Alternatives in Motion

38-3133483

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. ben. plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

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

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, compensation, and grants.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts; c Total support for section 509(a)(1) test: Enter line 24, column (e); d Add: Amounts from column (e) for lines: 18 1,987 19; 22 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 99.7427%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) (2002) (2001) (2000) N/A

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) (2002) (2001) (2000) N/A

c Add: Amounts from column (e) for lines: 15 16; 17 20 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g; h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....			
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....			
b	Admissions policies? .....			
c	Employment of faculty or administrative staff? .....			
d	Scholarships or other financial assistance? .....			
e	Educational policies? .....			
f	Use of facilities? .....			
g	Athletic programs? .....			
h	Other extracurricular activities? .....			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....			
b	Has the organization's right to such aid ever been revoked or suspended? .....			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures (36-38), Other exempt purpose expenditures (39-40), and Lobbying nontaxable amount (41-44).

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2004, 2003, 2002, 2001) and Total. Rows include Lobbying nontaxable amount (45), Lobbying ceiling amount (46), Total lobbying expenditures (47), Grassroots nontaxable amount (48), Grassroots ceiling amount (49), and Grassroots lobbying expenditures (50).

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Summary table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c.

Main table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked X)

b If "Yes," complete the following schedule:

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Name of organization

Employer identification number

Alternatives in Motion

38-3133483

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Alternatives in Motion

Employer identification number

38-3133483

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Mary Free Bed Fund 235 Wealthy Street, SE Grand Rapids MI 49506	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Disability Connections Grand Rapids MI 49506	\$ 6,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Herman Miller 855 East Main Avenue PO Box 302 Zeeland MI 49464	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Denise Washington P.O. Box 632 Battle Creek MI 49016	\$ 6,300	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Michigan Association of Secondary Sc 1001 Centennial Way Suite 100 Lansing MI 48917	\$ 52,898	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Tap Shoe Productions, Inc. 1916 Breton Road SE Grand Rapids MI 49506	\$ 6,768	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <u>Alternatives in Motion</u>	Employer identification number <u>38-3133483</u>
-------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Judith Verhulst 1801 32nd Street SW Grand Rapids MI 49508	\$ 8,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Bob Voetberg 6894 Pine Bluff Court SW Byron Center MI 49315	\$ 8,900	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Rordor Foundation P.O. Box 202 Grand Rapids MI 49501	\$ 55,775	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <u>Alternatives in Motion</u>	Employer identification number <u>38-3133483</u>
-------------------------------------------------------	-----------------------------------------------------

**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	<u>Mobility Equipment</u> ..... ..... .....	\$ ..... <u>6,000</u>	..... <u>8/17/04</u>
<u>4</u>	<u>Mobility Equipment</u> ..... ..... .....	\$ ..... <u>6,300</u>	..... <u>5/04/04</u>
<u>7</u>	<u>Mobility Equipment</u> ..... ..... .....	\$ ..... <u>8,500</u>	..... <u>7/26/04</u>
<u>8</u>	<u>Mobility Equipment</u> ..... ..... .....	\$ ..... <u>8,900</u>	..... <u>6/22/04</u>
<u>9</u>	<u>Mobility Equipment</u> ..... ..... .....	\$ ..... <u>55,775</u>	..... <u>10/15/04</u>
—	..... ..... .....	\$ .....	.....



Forms <b>990 / 990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2004</b>
For calendar year 2004, or tax year beginning _____, and ending _____		

Name <u>Alternatives in Motion</u>	Employer Identification Number <u>38-3133483</u>
---------------------------------------	-----------------------------------------------------

Form 990, Part IV, Line 51a - Additional Information

Name of borrower	Relationship to disqualified person
(1) <u>John Tuitel</u>	
(2) <u>George Ranville</u>	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	1,047	1,047	
(2)	773	773	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>1,820</b>	<b>1,820</b>	

# Depreciation and Amortization

OMB No. 1545-0172

Form **4562**

(Including Information on Listed Property)

**2004**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return

Alternatives in Motion

Identifying number

38-3133483

Business or activity to which this form relates

Indirect Depreciation

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses .....	1	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	410,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions .....	5	
<b>(a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
6		
7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 .....	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instructions) .....	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions) .....	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions) .....	16	9,608

**Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2004 .....	17	0
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

**Part IV Summary (see page 8 of the instructions)**

21 Listed property. Enter amount from line 28 .....	21	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. ....	22	9,608
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of prop. (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):
43 Amortization of costs that began before your 2004 tax year 43 1,291
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report 44 1,291



Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of prop. (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners Yes No
39 Do you treat all use of vehicles by employees as personal use? Yes No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Yes No
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.) Yes No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):
43 Amortization of costs that began before your 2004 tax year 43 1,291
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report 44 1,291

**Federal Statements****Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**

Name Address	Relationship to Org	Class of Activity	Date of Gift		
Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
	\$	\$ 45,237	\$		
Total	\$ 0	\$ 45,237	\$ 0		

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Insurance	350		350	
Dues & Subscriptions	48		48	
Computer Expense	740		740	
Advertising	178		178	
Fundraising	5,780			5,780
Web Site	1,099		1,099	
Bank Fees	60		60	
Miscellaneous	7		7	
Total	\$ 8,262	\$ 0	\$ 2,482	\$ 5,780

## Federal Statements

### Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Total	\$ 123,583	\$ 63,528	\$ 173,098	\$ 74,425
	<u>\$ 123,583</u>	<u>\$ 63,528</u>	<u>\$ 173,098</u>	<u>\$ 74,425</u>

### Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Line of Credit - Fifth Third Bank	\$ 23,675	\$ 23,968
Dell Capital Lease	1,294	
Dell Capital Lease	2,562	1,225
Total	<u>\$ 27,531</u>	<u>\$ 25,193</u>

## Federal Statements

### Statement 5 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
Special Event Income	\$ 18,510
Total	\$ 18,510

### Statement 6 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

Description	Amount
Special Event Expenses	\$ 18,510
Total	\$ 18,510

### Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Address	City			
Title	Average Hours	Compensation	Benefits	Expenses	
John Tuitel	Founder	40	36,456	2,172	Grand Rapids
George Ranville	Ex. Director	40	36,456	0	Grand Rapids
Mark Davis	Vice Pres		0	0	Grand Rapids
Dick Gauthier	President		0	0	Grand Rapids
Mark Bussell	Director		0	0	East Grand Ra
John Norden	Director		0	0	Jenison MI 49
Paul Rehkopf	Director		0	0	Kalamazoo MI
Carl Reid	Director		0	0	Grand Rapids
Amanda Schafer	Secretary		0	0	Lansing MI 48
Korte St. John	Director		0	0	Marne MI 4943
Jim VanHeest	Director		0	0	Holland MI 49
Cris Zeinstra	Director		0	0	Grand Rapids
Colleen Pierson	Director		0	0	Grand Rapids
Larry Pinckney	Director		0	0	Grand Rapids
Larry Spencer	Director		0	0	Grand Rapids

# Federal Statements

## Statement 8 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
Breton Village Mall - Donated Rent	\$ <u>17,535</u>
Total	\$ <u><u>17,535</u></u>

## Federal Statements

**Statement 9 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**

Salary of \$36,456 each to John Tuitel and George Ranville

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Computer Equipment	5/31/96	4,777				4,777	7 MO S/L	4,777	0
2	Sign	11/21/96	375				375	7 MO S/L	375	0
3	Phone System	12/02/96	1,314				1,314	7 MO S/L	1,314	0
4	Wheel Cart	1/08/96	300				300	7 MO S/L	300	0
5	Furniture	12/04/96	13,618				13,618	7 MO S/L	13,618	0
6	Telephone	7/02/97	160				160	7 MO S/L	149	11
7	TV/VCR Combo	9/30/97	382				382	7 MO S/L	354	28
8	TV Stand	10/02/97	300				300	7 MO S/L	279	21
9	Copier	1/17/97	1,850				1,850	7 MO S/L	1,718	132
10	CPW Computer System	7/15/98	19,804				19,804	5 MO S/L	19,804	0
11	Camera	10/20/98	369				369	7 MO S/L	360	9
12	Tape Deck	12/15/98	300				300	7 MO S/L	292	8
13	Fax Machine	4/08/99	314				314	5 MO S/L	314	0
14	Computer Workstation	3/24/99	2,035				2,035	7 MO S/L	1,726	291
15	Palm Pilot	12/29/00	541				541	5 MO S/L	379	108
16	Microwave	12/20/00	88				88	7 MO S/L	44	12
17	Two Printers	2/17/02	501				501	5 MO S/L	150	100
18	3 Printers	8/15/02	1,623				1,623	5 MO S/L	487	325
19	Dell Services 3 Computers	8/15/02	2,789				2,789	5 MO S/L	600	558
20	Dell Computers (2)	9/04/03	2,562				2,562	5 MO S/L	256	0
21	95 Mercury Villager Van	7/11/03	6,260				6,260	5 MO S/L	626	626
23	10 Stacking Chairs	3/15/01	1,250				1,250	7 MO S/L	446	179
24	4 - 30 x 60 Tables	3/15/01	2,761				2,761	7 MO S/L	986	395
25	7 Pneumatic Chairs	3/16/01	4,283				4,283	7 MO S/L	1,530	612
26	2 Lateral Files	3/16/01	989				989	7 MO S/L	353	141
27	6 Files - Mobile	3/16/01	1,300				1,300	7 MO S/L	464	186
28	6 Boomerang Work Stations	3/16/01	1,617				1,617	7 MO S/L	578	231
29	6 Input Tables	3/16/01	1,241				1,241	7 MO S/L	443	177
30	6 Upper Desk Cabinets	3/16/01	3,243				3,243	7 MO S/L	1,158	463
31	Phone Tray	3/16/01	74				74	7 MO S/L	26	11
32	8 Tall Power Poles	3/16/01	3,250				3,250	7 MO S/L	1,161	464
33	6 Short Power Poles	3/16/01	1,029				1,029	7 MO S/L	368	147
34	6 4x5' Boundary Screens	3/16/01	376				376	7 MO S/L	134	54
35	6 4x5' Display Screens	3/16/01	1,082				1,082	7 MO S/L	386	155
36	Leasehold Improvements	4/01/01	17,590				17,590	7 MO S/L	6,282	2,513
37	Van w/ Lift	10/31/04	49,515				49,515	5 MO S/L	0	1,651
<b>Total Other Depreciation</b>			<b>149,862</b>				<b>149,862</b>		<b>62,237</b>	<b>9,608</b>
<b>Total ACRS and Other Depreciation</b>			<b>149,862</b>				<b>149,862</b>		<b>62,237</b>	<b>9,608</b>
<b>Amortization:</b>										
22	Website Setup	11/15/03	23,238				23,238	3 MO Amort	1,291	1,291
			<b>23,238</b>				<b>23,238</b>		<b>1,291</b>	<b>1,291</b>
<b>Grand Totals</b>			<b>173,100</b>				<b>173,100</b>		<b>63,528</b>	<b>10,899</b>
<b>Less: Dispositions</b>			<b>0</b>				<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>173,100</b>				<b>173,100</b>		<b>63,528</b>	<b>10,899</b>

## MI Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
<b>Other Depreciation:</b>								
1	Computer Equipment	5/31/96	0	0	0	0	0	0
2	Sign	11/21/96	0	0	0	0	0	0
3	Phone System	12/02/96	0	0	0	0	0	0
4	Wheel Cart	1/08/96	0	0	0	0	0	0
5	Furniture	12/04/96	0	0	0	0	0	0
6	Telephone	7/02/97	0	0	0	0	11	11
7	TV/VCR Combo	9/30/97	0	0	0	0	28	28
8	TV Stand	10/02/97	0	0	0	0	21	21
9	Copier	1/17/97	0	0	0	0	132	132
10	CPW Computer System	7/15/98	0	0	0	0	0	0
11	Camera	10/20/98	0	0	0	0	9	9
12	Tape Deck	12/15/98	0	0	0	0	8	8
13	Fax Machine	4/08/99	0	0	0	0	0	0
14	Computer Workstation	3/24/99	0	0	0	0	291	291
15	Palm Pilot	12/29/00	0	0	0	0	108	108
16	Microwave	12/20/00	0	0	0	0	12	12
17	Two Printers	2/17/02	0	0	0	0	100	100
18	3 Printers	8/15/02	0	0	0	0	325	325
19	Dell Services 3 Computers	8/15/02	0	0	0	0	558	558
20	Dell Computers (2)	9/04/03	0	0	0	0	0	0
21	95 Mercury Villager Van	7/11/03	0	0	0	0	626	626
22	Website Setup	11/15/03	0	0	0	0	1,291	1,291
23	10 Stacking Chairs	3/15/01	0	0	0	0	179	179
24	4 - 30 x 60 Tables	3/15/01	0	0	0	0	395	395
25	7 Pneumatic Chairs	3/16/01	0	0	0	0	612	612
26	2 Lateral Files	3/16/01	0	0	0	0	141	141
27	6 Files - Mobile	3/16/01	0	0	0	0	186	186
28	6 Boomerang Work Stations	3/16/01	0	0	0	0	231	231
29	6 Input Tables	3/16/01	0	0	0	0	177	177
30	6 Upper Desk Cabinets	3/16/01	0	0	0	0	463	463
31	Phone Tray	3/16/01	0	0	0	0	11	11
32	8 Tall Power Poles	3/16/01	0	0	0	0	464	464
33	6 Short Power Poles	3/16/01	0	0	0	0	147	147
34	6 4x5' Boundary Screens	3/16/01	0	0	0	0	54	54
35	6 4x5' Display Screens	3/16/01	0	0	0	0	155	155
36	Leasehold Improvements	4/01/01	0	0	0	0	2,513	2,513
37	Van w/ Lift	10/31/04	0	0	0	0	1,651	1,651
<b>Total Other Depreciation</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10,899</u>	<u>10,899</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10,899</u>	<u>10,899</u>
<b>Grand Totals</b>			0	0	0	0	10,899	10,899
<b>Less: Dispositions</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10,899</u>	<u>10,899</u>

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	Computer Equipment	5/31/96	0				0 0		HY	0	0
2	Sign	11/21/96	0				0 0		HY	0	0
3	Phone System	12/02/96	0				0 0		HY	0	0
4	Wheel Cart	1/08/96	0				0 0		HY	0	0
5	Furniture	12/04/96	0				0 0		HY	0	0
6	Telephone	7/02/97	0				0 0		HY	0	0
7	TV/VCR Combo	9/30/97	0				0 0		HY	0	0
8	TV Stand	10/02/97	0				0 0		HY	0	0
9	Copier	1/17/97	0				0 0		HY	0	0
10	CPW Computer System	7/15/98	0				0 0		HY	0	0
11	Camera	10/20/98	0				0 0		HY	0	0
12	Tape Deck	12/15/98	0				0 0		HY	0	0
13	Fax Machine	4/08/99	0				0 0		HY	0	0
14	Computer Workstation	3/24/99	0				0 0		HY	0	0
15	Palm Pilot	12/29/00	0				0 0		HY	0	0
16	Microwave	12/20/00	0				0 0		HY	0	0
17	Two Printers	2/17/02	0				0 0		HY	0	0
18	3 Printers	8/15/02	0				0 0		HY	0	0
19	Dell Services 3 Computers	8/15/02	0				0 0		HY	0	0
20	Dell Computers (2)	9/04/03	0				0 0		HY	0	0
21	95 Mercury Villager Van	7/11/03	0				0 0		HY	0	0
23	10 Stacking Chairs	3/15/01	0				0 0		HY	0	0
24	4 - 30 x 60 Tables	3/15/01	0				0 0		HY	0	0
25	7 Pneumatic Chairs	3/16/01	0				0 0		HY	0	0
26	2 Lateral Files	3/16/01	0				0 0		HY	0	0
27	6 Files - Mobile	3/16/01	0				0 0		HY	0	0
28	6 Boomerang Work Stations	3/16/01	0				0 0		HY	0	0
29	6 Input Tables	3/16/01	0				0 0		HY	0	0
30	6 Upper Desk Cabinets	3/16/01	0				0 0		HY	0	0
31	Phone Tray	3/16/01	0				0 0		HY	0	0
32	8 Tall Power Poles	3/16/01	0				0 0		HY	0	0
33	6 Short Power Poles	3/16/01	0				0 0		HY	0	0
34	6 4x5' Boundary Screens	3/16/01	0				0 0		HY	0	0
35	6 4x5' Display Screens	3/16/01	0				0 0		HY	0	0
36	Leasehold Improvements	4/01/01	0				0 0		HY	0	0
37	Van w/ Lift	10/31/04	0				0 0		HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0				0			0	0
	<b>Less: Dispositions</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

6778 Alternatives in Motion

38-3133483

FYE: 12/31/2004

## Depreciation Adjustment Report

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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**There are no assets that meet the criteria of this report**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Computer Equipment	5/31/96	4,777	0	0
2	Sign	11/21/96	375	0	0
3	Phone System	12/02/96	1,314	0	0
4	Wheel Cart	1/08/96	300	0	0
5	Furniture	12/04/96	13,618	0	0
6	Telephone	7/02/97	160	0	0
7	TV/VCR Combo	9/30/97	382	0	0
8	TV Stand	10/02/97	300	0	0
9	Copier	1/17/97	1,850	0	0
10	CPW Computer System	7/15/98	19,804	0	0
11	Camera	10/20/98	369	0	0
12	Tape Deck	12/15/98	300	0	0
13	Fax Machine	4/08/99	314	0	0
14	Computer Workstation	3/24/99	2,035	18	0
15	Palm Pilot	12/29/00	541	54	0
16	Microwave	12/20/00	88	13	0
17	Two Printers	2/17/02	501	100	0
18	3 Printers	8/15/02	1,623	324	0
19	Dell Services 3 Computers	8/15/02	2,789	558	0
20	Dell Computers (2)	9/04/03	2,562	513	0
21	95 Mercury Villager Van	7/11/03	6,260	1,252	0
23	10 Stacking Chairs	3/15/01	1,250	178	0
24	4 - 30 x 60 Tables	3/15/01	2,761	394	0
25	7 Pneumatic Chairs	3/16/01	4,283	612	0
26	2 Lateral Files	3/16/01	989	142	0
27	6 Files - Mobile	3/16/01	1,300	186	0
28	6 Boomerang Work Stations	3/16/01	1,617	231	0
29	6 Input Tables	3/16/01	1,241	178	0
30	6 Upper Desk Cabinets	3/16/01	3,243	464	0
31	Phone Tray	3/16/01	74	10	0
32	8 Tall Power Poles	3/16/01	3,250	464	0
33	6 Short Power Poles	3/16/01	1,029	147	0
34	6 4x5' Boundary Screens	3/16/01	376	54	0
35	6 4x5' Display Screens	3/16/01	1,082	155	0
36	Leasehold Improvements	4/01/01	17,590	2,513	0
37	Van w/ Lift	10/31/04	49,515	9,903	0
	<b>Total Other Depreciation</b>		<u>149,862</u>	<u>18,463</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>149,862</u>	<u>18,463</u>	<u>0</u>
<b>Amortization:</b>					
22	Website Setup	11/15/03	23,238	7,746	0
			<u>23,238</u>	<u>7,746</u>	<u>0</u>
	<b>Grand Totals</b>		<u>173,100</u>	<u>26,209</u>	<u>0</u>

**Federal Statements****Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Public Donations	\$ 22,946	\$	\$ 22,946
Corporate Donations	2,858		2,858
School Donations	22,098		22,098
In-Kind Donations		38,895	38,895
Other Contributions	122,666	85,475	208,141
Total	\$ <u>170,568</u>	\$ <u>124,370</u>	\$ <u>294,938</u>

**Federal Statements****Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
Column A	\$
Harley Davidson Raffle	
Cost of Goods Sold	<u>18,510</u>
SubTotal	<u>18,510</u>
Total	<u><u>18,510</u></u>

Direct expenses other than fundraising expenses  
reported on Form 990, page 1, line 9b.

