

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A** This return/report is for:
  - a multiemployer plan
  - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - special extension (enter description)
  - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

|   |   |
|---|---|
| <b>1a</b> Name of plan<br><u>ALTERNATIVES, INC.</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>506</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ALTERNATIVES, INC.</u><br><br><u>600 FIRST AVENUE</u><br><u>RARITAN, NJ 08869</u> | <b>1c</b> Effective date of plan<br><u>02/01/2000</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>22-2318999</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>908-685-1444</u><br><br><b>2d</b> Business code (see instructions)<br><u>624100</u> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/22/2025 | AGATHA NIEMIEC   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/22/2025 | AGATHA NIEMIEC   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)  
v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 179 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 179 |
|   | <b>6a(2)</b>                               | 50  |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 0   |
|   | <b>6d</b>                                  | 50  |
|   | <b>6e</b>                                  |     |
|   | <b>6f</b>                                  |     |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4B 4H 4L

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input type="checkbox"/> Trust                                      | (3) <input type="checkbox"/> Trust                                      |
| (4) <input checked="" type="checkbox"/> General assets of the sponsor   | (4) <input checked="" type="checkbox"/> General assets of the sponsor   |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|   |  |   |  |
|---|--|---|--|
| <b>a Pension Schedules</b>  |  | <b>b General Schedules</b>  |  |
| (1) <input type="checkbox"/> R (Retirement Plan Information)  |  | (1) <input type="checkbox"/> H (Financial Information)                            |  |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |  | (2) <input type="checkbox"/> I (Financial Information – Small Plan)               |  |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               |  | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> |  |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____  |  | (4) <input type="checkbox"/> C (Service Provider Information)                     |  |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)  |  | (5) <input type="checkbox"/> D (DFE/Participating Plan Information)               |  |
|   |  | (6) <input type="checkbox"/> G (Financial Transaction Schedules)                  |  |

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|   |   |  |
|---|---|--|
| <b>Form 5500</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security<br/>Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Annual Return/Report of Employee Benefit Plan</b><br><small>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</small><br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | <small>OMB Nos 1210-0110<br/>1210-0089</small><br><br><h2 style="text-align: center;">2024</h2><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|--|

|  |   |
|--|---|
| <b>Part I Annual Report Identification Information</b>   |   |
| For calendar plan year 2024 or fiscal plan year beginning <u>03/01/2024</u> and ending <u>02/28/2025</u> |   |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)  |
| <b>C</b> If the plan is a collectively-bargained plan, check here:                                       | <input type="checkbox"/>  |
| <b>D</b> Check box if filing under:  | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)   |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:        | <input type="checkbox"/>  |

|   |   |  |     |                                  |            |  |            |   |              |  |        |
|---|---|--|-----|----------------------------------|------------|--|------------|---|--------------|--|--------|
| <b>Part II Basic Plan Information</b> —enter all requested information  |   |  |     |                                  |            |  |            |   |              |  |        |
| <b>1a</b> Name of plan<br>ALTERNATIVES, INC.  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:50%;">506</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td>02/01/2000</td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td>22-2318999</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td>908-685-1444</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td>624100</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 506 | <b>1c</b> Effective date of plan | 02/01/2000 | <b>2b</b> Employer Identification Number (EIN) | 22-2318999 | <b>2c</b> Plan Sponsor's telephone number | 908-685-1444 | <b>2d</b> Business code (see instructions) | 624100 |
| <b>1b</b> Three-digit plan number (PN) ▶  | 506   |  |     |                                  |            |  |            |   |              |  |        |
| <b>1c</b> Effective date of plan  | 02/01/2000  |  |     |                                  |            |  |            |   |              |  |        |
| <b>2b</b> Employer Identification Number (EIN)  | 22-2318999  |  |     |                                  |            |  |            |   |              |  |        |
| <b>2c</b> Plan Sponsor's telephone number   | 908-685-1444  |  |     |                                  |            |  |            |   |              |  |        |
| <b>2d</b> Business code (see instructions)  | 624100  |  |     |                                  |            |  |            |   |              |  |        |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>ALTERNATIVES, INC.<br><br>600 FIRST AVENUE<br><br>RARITAN NJ 08869 |   |  |     |                                  |            |  |            |   |              |  |        |

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Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|              |                                    |            |  |
|--------------|------------------------------------|------------|--|
| SIGN<br>HERE |                                    | 08/22/2025 | AGATHA NIEMIEC   |
|              | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    | 08/22/2025 | AGATHA NIEMIEC   |
|              | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |            |  |
|              | Signature of DFE                   | Date       | Enter name of individual signing as DFE                      |