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

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

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

OMB No 1545-0047

2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C Name of organization Alpha-1 Foundation, Inc Doing Business As Alpha One Foundation Number and street (or P O box if mail is not delivered to street address) 2937 SW 27 Ave City or town, state or country, and ZIP + 4 Miami FL 33133-3772 </td> <td style="width:15%; vertical-align: top;"> D Employer identification number 65-0585415 E Telephone number 305 567-9888 </td> <td style="width:70%; vertical-align: top;"> G Gross receipts \$ 10,357,455 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> F Name and address of principal officer John Walsh 2937 SW 27th Ave, Miami, FL 33133 </td> </tr> <tr> <td colspan="3"> I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3"> J Website: ▶ www.alphaone.org </td> </tr> <tr> <td colspan="2"> K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation 1995 M State of legal domicile FL </td> </tr> </table>	C Name of organization Alpha-1 Foundation, Inc Doing Business As Alpha One Foundation Number and street (or P O box if mail is not delivered to street address) 2937 SW 27 Ave City or town, state or country, and ZIP + 4 Miami FL 33133-3772	D Employer identification number 65-0585415 E Telephone number 305 567-9888	G Gross receipts \$ 10,357,455 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	F Name and address of principal officer John Walsh 2937 SW 27th Ave, Miami, FL 33133			I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ www.alphaone.org			K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1995 M State of legal domicile FL
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Part I Summary

1	Briefly describe the organization's mission or most significant activities The mission of the Alpha-1 Foundation is to provide the leadership and resources that will result in increased research, improved health, worldwide detection and a cure for Alpha-1 Antitrypsin Deficiency ("Alpha-1"). Alpha-1 Foundation's services include sponsoring research, a national registry, promoting awareness, a National Targeted Detection Program, and educational programs.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	124
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	130,000
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,849,807	6,899,575
9	Program service revenue (Part VIII, line 2g)	112,841	264,310
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,786	-373,823
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	427,782	260,787
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,518,216	7,050,849
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,778,615	2,747,720
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,038,176	1,009,703
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25)	529,767	
17	Other expenses (Part IX, column (A), lines 11a–11d and 11f–24f)	1,660,056	1,776,812
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 18)	5,476,847	5,534,235
19	Revenue less expenses. Subtract line 18 from line 12	41,369	1,516,614

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	5,651,883	7,450,845
21	Total liabilities (Part X, line 26)	859,610	1,141,957
22	Net assets or fund balances Subtract line 21 from line 20	4,792,273	6,308,888

Part II Signature Block

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

Sign Here Date **December 7, 2009**
 Signature of officer **Robert C. Barrett, Vice President & CFO**
 Type or print name and title

Preparer's signature JOHN F. WARD	Date 11/18/2009	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) 123-34-2624
Firm's name (or yours if self-employed), address, and ZIP + 4 JOHN F. WARD, CPA 7342 SW 95TH AVE, OCALA, FL 34481-2536		EIN ▶ Phone no ▶ (352) 262-6424	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

JAN 05 2010

(HTA)

2014

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

See Page 1, Part I, Line 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 2,471,802 including grants of \$ 1,712,419) (Revenue \$ 0)

Alpha-1 Research Network

The Alpha-1 Research infrastructure provides support for a network of Alpha-1 investigators worldwide. It is one of the Foundation's most valuable assets and includes the DNA & Tissue Bank, Genetics Laboratory, and more than 60 affiliate Clinical Resource Centers (CRCs). The Foundation also organizes scientific meetings, conferences, workshops, and symposia which further the understanding of findings in the field and promotes research, clinical endpoint measurements and other potential breakthroughs.

The Alpha-1 Grants and Awards Program is the heart of the Foundation's research activities. Its scientifically rigorous peer-reviewed process provides the framework to evaluate and recommend meritorious research projects for funding within the scope of the Alpha-1 research agenda. To date, the Foundation's research portfolio included 131 research grants and 27 program grants.

4b (Code) (Expenses \$ 562,374 including grants of \$ 561,379) (Revenue \$ 0)

PFT Study

The Alpha-1 Foundation continues its first multi-center clinical study entitled, "Targeted Detection of Alpha-1 Antitrypsin Deficiency in Patients Referred for Pulmonary Function Testing". Eighteen different medical institutions nationwide have enrolled more than 3,000 individuals in the study. The study's objectives are: 1) Determine the detection rate of severe and heterozygous Alpha-1 Antitrypsin Deficiency in symptomatic COPD patients referred for pulmonary function testing, 2) Determine which pulmonary function parameters associated with COPD patients are more likely to test positive for Alpha-1, and 3) Identify the age distribution of positive testing for Alpha-1 and evaluate which pulmonary functions are associated with age and an Alpha-1 diagnosis. The study is expected to be completed by the end of 2009.

4c (Code) (Expenses \$ 333,684 including grants of \$ 165,400) (Revenue \$ 0)

Florida Detection Program

2009 was the ninth year in a row that the Foundation has implemented the "Florida Screening, Detection & Education Program" that has led to testing over 15,000 individuals since inception. In fiscal year 2009, over 1,500 individuals were tested. The goals of the program are to offer free testing to individuals in the State of Florida and to promote Alpha-1 education for healthcare professionals. In 2009, speakers were provided for two medical grand rounds, three lectures providing CME credits, six lectures providing CEU credits and six medical related conferences. Activities to educate the public and at risk individuals are conducted and the partnerships developed with other organizations in the state has led to increased interest from the physicians. In 2009 alone, three new Clinical Resource Centers (CRCs) were added to our current list of physicians in the state.

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

(Expenses \$ 1,121,070 including grants of \$ 308,522) (Revenue \$ 218,952)

4e Total program service expenses ▶ \$ 4,488,930 (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	22
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	23
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	13
b Enter the number of voting members that are independent	1b	13
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. See attached worksheet.

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

☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

Robert C. Barrett 305 567-9888
2937 SW 27 Ave Suite 305, MIAMI, FL 33133-3772

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Ab Rees Chair	8	X		X				0	0	0
William J. Martin II, M.D. Vice Chair	4	X		X				0	0	0
Elaine Alfonso Secretary	8	X		X				0	0	0
Kennet A. Irvine Treasurer	8	X		X				0	0	0
Greg Hules Director & Past Chair	4	X						0	0	0
David A. Brenner, M.D. Director	4	X						0	0	0
Gordon E. Cadwagan, Jr., Ph.D. Director	4	X						0	0	0
Victoria Joseph, Esq. Director	4	X						0	0	0
John S. Reed Director	4	X						0	0	0
Joe Reidy Director	4	X						0	0	0
Stephen I. Rennard, M.D. Director	4	X						0	0	0
Edward K. Silverman, M.D., Ph.D. Director	4	X						0	0	0
Rob Williams, Esq. Director	4	X						0	0	0
John W. Walsh Pres. & CEO	35			X				0	0	0
Robert C. Barrett V.P. & CFO	10			X				0	0	0
Marcia F. Ritchie V.P. & COO	40			X				131,507	0	17,492
Robert A. Sandhaus, M.D., Ph.D. Clinical Director	4			X				0	0	0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0			
	b Membership dues	1b 0			
	c Fundraising events	1c 0			
	d Related organizations	1d 0			
	e Government grants (contributions)	1e 333,684			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,565,891			
	g Noncash contributions included in lines 1a-1f \$	0			
	h Total. Add lines 1a-1f	6,899,575			
Program Service Revenue	2a Publication income	Business Code 511120 130,000		130,000	
	b Reimbursement of payroll expenses	134,310	134,310		
	c	0			
	d	0			
	e	0			
	f All other program service revenue	0			
	g Total. Add lines 2a-2f	264,310			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	-61,552		
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross Rents		(i) Real (ii) Personal			
b Less rental expenses					
c Rental income or (loss)		0 0			
d Net rental income or (loss)		0			
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less cost or other basis and sales expenses		2,886,971 0			
c Gain or (loss)		3,199,242 0			
d Net gain or (loss)		-312,271 0			
8a Gross income from fundraising events (not including \$ 368,151 of contributions reported on line 1c) See Part IV, line 18		a 368,151			
b Less direct expenses		b 107,364			
c Net income or (loss) from fundraising events		260,787			
9a Gross income from gaming activities See Part IV, line 19		a 0			
b Less direct expenses		b 0			
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances		a 0			
b Less cost of goods sold		b 0			
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code			
11a		0			
b		0			
c		0			
d All other revenue		0			
e Total. Add lines 11a-11d		0			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		7,050,849	134,310	130,000	0

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,734,595	2,734,595		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	12,125	12,125		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	131,507	84,822	19,463	27,222
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	636,720	410,946	93,548	132,226
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,765	7,127	3,129	3,509
9	Other employee benefits	166,269	116,112	21,775	28,382
10	Payroll taxes	61,442	38,661	9,865	12,916
11	Fees for services (non-employees)				
a	Management	128,451	89,701	15,000	23,750
b	Legal	29,821	5,303	24,518	
c	Accounting	28,840		28,840	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	413,832	221,260	64,221	128,351
12	Advertising and promotion	0			
13	Office expenses	93,411	46,838	19,024	27,549
14	Information technology	41,479	25,685	5,907	9,887
15	Royalties	0			
16	Occupancy	137,185	78,924	31,861	26,400
17	Travel	218,939	165,889	30,725	22,325
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	330,632	224,125	80,745	25,762
20	Interest	0			
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	12,547	6,186	3,187	3,174
23	Insurance	8,366	2,550	4,508	1,308
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Postage and shipping	84,525	61,581	8,350	14,594
b	Equipment repair, rental and repair	20,327	9,689	4,122	6,516
c	Printing and publication	162,573	134,377	10,435	17,761
d	Dues and subscriptions	21,832	7,632	9,573	4,627
e	Licenses, fees, and other	37,087		25,531	11,556
f	All other expenses Utilities	6,965	3,802	1,211	1,952
25	Total functional expenses. Add lines 1 through 24f	5,534,235	4,488,930	515,538	529,767
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	87,165	1	235,945
	2 Savings and temporary cash investments	1,179,996	2	503,283
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	212,240	4	724,501
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost basis	237,885		
	b Less accumulated depreciation. Complete Part VI of Schedule D	182,558		
	10c	55,327		
	11 Investments—publicly traded securities	4,118,721	11	5,836,483
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11.	29,010	15	95,306	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,651,883	16	7,450,845	
Liabilities	17 Accounts payable and accrued expenses	717,704	17	1,134,051
	18 Grants payable		18	
	19 Deferred revenue	141,906	19	7,906
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	859,610	26	1,141,957
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,235,716	27	2,839,184
	28 Temporarily restricted net assets	2,556,557	28	3,469,704
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,792,273	33	6,308,888
	34 Total liabilities and net assets/fund balances	5,651,883	34	7,450,845

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Alpha-1 Foundation, Inc

Employer identification number

65-0585415

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

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,161,780	5,087,789	6,274,331	4,849,807	6,899,575	28,273,282
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	5,161,780	5,087,789	6,274,331	4,849,807	6,899,575	28,273,282
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)						20,028,536
6 Public support. Subtract line 5 from line 4						8,244,746

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,161,780	5,087,789	6,274,331	4,849,807	6,899,575	28,273,282
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,900	66,091	156,761	204,951	180,208	638,911
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10.						28,912,193
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	28.52%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	57.09%
16a 33 1/3 support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33 1/3 support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
17a 10 -facts-and-circumstances-test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10 -facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6).						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0 00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 00%

- 19a 33 1/3 support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐
- b 33 1/3 support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV

Supplemental Information Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below

▶ Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization Alpha-1 Foundation, Inc	Employer identification number 65-0585415
--	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____ 0
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	10,000	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0												
c	Total lobbying expenditures (add lines 1a and 1b)	10,000	0												
d	Other exempt purpose expenditures	5,524,235	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,534,235	0												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	426,712	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1a, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	106,678	0												
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	0												
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	420,659	371,255	423,842	426,712	1,642,468
b Lobbying ceiling amount (150% of line 2a, column(e))					2,463,702
c Total lobbying expenditures	9,000	9,250	9,900	10,000	38,150
d Grassroots non-taxable amount	105,165	92,814	103,485	105,678	407,142
e Grassroots ceiling amount (150% of line 2d, column (e))					610,713
f Grassroots lobbying expenditures	0	0	0		0

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
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 Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	0

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

.....

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Part IV **Supplemental Information** *(continued)*

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Alpha-1 Foundation, Inc.

Employer identification number

65-0585415

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	0
2 Aggregate contributions to (during year)	3,436	0
3 Aggregate grants from (during year)	0	0
4 Aggregate value at end of year	34,436	0

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☒ Yes ☐ No

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

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

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☐ _____ %
c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	30,986	41	0
d Equipment	0	206,900	12,505	55,327
e Other	0	0	0	0
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				55,327

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) ►	0	

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	0

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	0

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,050,849
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,534,235
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,516,614
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	950,144
9	Total adjustments (net) Add lines 4–8	9	950,144
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,466,758

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,805,444
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,754,595
e	Add lines 2a through 2d	2e	3,754,595
3	Subtract line 2e from line 1	3	7,050,849
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,050,849

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,338,686
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	2,804,451
e	Add lines 2a through 2d	2e	2,804,451
3	Subtract line 2e from line 1	3	5,534,235
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,534,235

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

The amounts shown on Part XI Line 8, Part XII Line 2d, and Part XIII Line 2d reflect the COPD Foundation, Inc. which was included in the audited financial statements but is not included in this return

Part XIV **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Alpha-1 Foundation, Inc

Employer identification number

65-0585415

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
Totals ▶	0	0			0

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

Schedule F (Form 990) 2008

(HTA)

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information

Area with horizontal dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

Alpha-1 Foundation, Inc

Employer identification number

65-0585415

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- | | |
|---|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Celebration of Life Dinn</u> (event type)	(b) Event #2 <u>Other Events</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	301,215	66,936	0	368,151
	2 Less Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	301,215	66,936	0	368,151
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	58,104	3,347	0	61,451
	7 Other direct expenses	21,496	24,417	0	45,913
	8 Direct expense summary Add lines 4 through 7 in column (d)				(107,364)
	9 Net income summary Combine lines 3 and 8 in column (d)				260,787

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				0

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a****b** An outside facility**13b****14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$**c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$0

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

Alpha-1 Foundation, Inc.

Employer identification number

65-0585415

Part I General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AlphaNet, Inc. 2937 SW 27th Ave Suite 305 Miami, FL 33155			12,000	0			Clinical Study
American Lung Association 61 Broadway New York, NY 10006			37,492	0			Team Alpha
Cleveland Clinic Foundation PO Box 931531 Cleveland, OH 44115			41,667	0			National Detection
Baylor College of Medicine PO Box 201361 Houston, TX 77251			125,000	0			Medical Research
Brandeis University 415 South St Waltham, MA 02454			64,700	0			Medical Research
American Lung Association 61 Broadway New York, NY 10006			22,685	0			Team Alpha
Foundation of the ATS 61 Broadway New York, NY 10006			50,000	0			Medical Research
University of North Carolina 1104 Airport Dr Chapel Hill, NC 27514			8,500	0			PFT Study
Moorehouse School of Medicine 729 Westview Dr, SW Atlanta, GA 30303			48,750	0			Medical Research
University of Miami 1251 Memorial Dr Coral Gables, FL 33134			17,500	0			PFT Study
National Jewish Health 1400 Jackson St Room 213 Denver, CO 80202			44,156	0			Medical Research
National Jewish Medical 1400 Jackson St Room 213 Denver, CO 80202			14,719	0			Medical Research

2 Enter total number of section 501(c)(3) and government organizations. **43**

3 Enter total number of other organizations. **2**

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

(HTA)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I Line 2

The Foundation has a Grants Advisory Committee (GAC) consisting of 19 members, 2 Ex-Officio members, and

a staff member assigned to the committee. The membership of the committee consists primarily of

Medical Doctors who are Alpha-1 experts and researchers. The Ex-Officio members are the Medical and

and Scientific Directors who are also Alpha-1 experts and researchers. The Committee review grant applications

for quality and applicability for the use of the research funds

On a quarterly basis all grants are peer-reviewed for progress before subsequent payments are

made to the grant recipients. The peer-reviewers are researchers who have expertise in the

area of the study

Final research reports are submitted and peer-reviewed before final grant payments are made

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

Alpha-1 Foundation, Inc.

65-0585415

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of California 1855 Folsom St San Francisco, CA 94107			35,000	0			Medical Research
The Brigham and Women's Hospital 75 Francis St Boston, MA 02115			124,370	0			Medical Research
The Chest Foundation 3300 Dundee Rd Northbrook, IL 60062			12,500	0			Medical Research
The Children's Hospital of Denver 1056 E. 19th Ave Denver, CO 80202			41,667	0			Medical Research
CQPD Foundation 2937 SW 27th Ave Suite 302 Miami, FL 33135			0	125,000	Other	In Kind Services	Management Services
University of Colorado at Denver PO Box 238 Denver, CO 80291			59,485	0			Medical Research
University of Colorado Health Sciences Center PO Box 238 Denver, CO 80291			102,128	0			Medical Research
The Children's Hospital of Denver 1056 E. 19th Ave Denver, CO 80202			8,333	0			Medical Research
University of Florida PO Box 113001 Gainesville, FL 32611			425,362	0			Medical Research
University of Massachusetts 405 Goudell Bldg Amherst, MA 01003			76,546	0			Medical Research
University of Miami 1251 Memorial Dr Coral Gables, FL 33134			164,146	0			Medical Research
University of North Carolina 1104 Airport Dr Chapel Hill, NC 27514			65,000	0			Medical Research
Washington University PO Box 1034 Clayton, MO 63105			65,000	0			Medical Research
University of Florida PO Box 113001 Gainesville, FL 32611			100,200	0			Florida Detection Program
Medical University of South Carolina PO Box 250623 Charleston, SC 29405			243,670	0			Registry & ACT

2 Enter total number of Section 501(c)(3) and government organizations 43

3 Enter total number of other organizations 2

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

Alpha-1 Foundation, Inc.

65-0585415

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland Clinic Florida PO Box 277545 Atlanta, GA 30382			11,375	0			PFT Study
Cleveland Clinic Foundation PO Box 931531 Cleveland, OH 44115			11,000	0			PFT Study
Emory University 1599 Clifton Rd SE Atlanta, GA 30322			11,375	0			PFT Study
Mayo Clinic Rochester 200 First St, SW Rochester, MN 55905			69,750	0			PFT Study
Medical University of South Carolina PO Box 250623 Charleston, SC 29405			29,875	0			PFT Study
National Jewish Health 1400 Jackson St Room 213 Denver, CO 80202			46,139	0			PFT Study
National Jewish Medical Center 1400 Jackson St Room 213 Denver, CO 80202			69,815	0			PFT Study
Oregon Health & Science University 2525 SW 1st Ave Portland, OR 97239			4,500	0			PFT Study
Regents of the University of California 1855 Folsom St San Francisco, CA 94115			3,125	0			PFT Study
St. Luke's Roosevelt Hospital 432 W. 58th St Room 206 New York, NY 10019			14,125	0			PFT Study
University of Texas Health Center 11937 SW Hwy 271 Tyler, TX 75707			18,125	0			PFT Study
University of Chicago 5841 S Maryland Chicago, IL 60637			24,500	0			PFT Study
University of Florida PO Box 113001 Gainesville, FL 32611			221,675	0			PFT Study
			0	0			
			0	0			

2 Enter total number of Section 501(c)(3) and government organizations **43**

3 Enter total number of other organizations **2**

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

Schedule I-1 (Form 990) 2008

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Attach to Form 990 To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Alpha-1 Foundation, Inc

Employer identification number

65-0585415

Part I Questions Regarding Compensation

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

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

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

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

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

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

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8

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

- a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

- a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990
(HTA)

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Part III Supplemental Information

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

Part II AlphaNet, Inc. another Section 501(c)(3) organization provides the services of the President / CEO and the Chief Financial Officer under a management agreement in the amount of \$250,000. This amount is based on the reasonable estimate of the value of the services provided to the Alpha-1 Foundation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

- Attach to Form 990 To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Alpha-1 Foundation, Inc

Employer identification number

65-0585415

Form 990 Part VI Section B Line 12c

At each board meeting the Conflict of Interest Statement is read before the

conduct of any other items. Written Conflict of Interest Statements are obtained

from all officers, board members, committee members and staff annually

Failure to file the statement will result in the person being removed from serving

on any committees

Form 990 Part VI Section B Line 15

Salaries for Alpha-1 Foundation management are determined by annual surveys

of comparable not-for-profit organizations

Form 990 Part VI Section C Line 19

The website www.alphaone.org includes the posting of financial statements, the

annual report and a corporate relations report. Other documents and the conflict of

interest policy are available by request

Form 990 Part VII Section A

The President and Chief Financial Officer are employees of AlphaNet, Inc, an

unrelated not-for-profit organization which provides their services through a

management agreement which reimburses AlphaNet for the salaries, payroll taxes

and employee benefits allocable to the services provided to the Alpha-1 Foundation

Form 990 Part VI Section A Line 10

After Form 990 preparation by an independent CPA, the CFO, and the Controller, the draft Form 990

is circulated to members of management for review and comment. The Form 990 is then

provided to members of the Foundation's Audit, Finance, Personnel, and Compensation

Committee for review before filing

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Alpha-1 Foundation, Inc

Employer identification number

65-0585415

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
-----			0	0	
-----			0	0	
-----			0	0	
-----			0	0	
-----			0	0	
-----			0	0	
-----			0	0	
-----			0	0	

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
COPD Foundation, Inc. 20-1048322 2937 SW 27th Ave Suite 302, Miami, FL 33133	COPD Research	FL	501(c)(3)	7	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) COPD FOUNDATION, INC		b	125,000
(2) COPD FOUNDATION, INC,		m	10,740
(3) COPD FOUNDATION, INC,		n	88,952
(4)			0
(5)			0
(6)			0

Part III, Line 4d (990) - Program Service Accomplishments

(Code _____) (Expenses \$ 286,765 including grants of \$ 243,670.) (Revenue \$ 0.)

Alpha-1 Registry and ACT Trial

The Alpha-1 Research Registry maintains a confidential database of more than 3,350 Alphas and Alpha-1 Carriers. Individuals in the Registry's database have the ongoing opportunity to participate directly in clinical trials of new therapeutic approaches in addition to other research studies. It includes 49% homozygotes (ZZ) and 34% carriers (MZ or MS) ranging from infants to seniors. The remaining 17% represents participants who don't know, are unsure, etc.

The goal of the Alpha-1 Coded Testing (ACT) Study is to evaluate people's thoughts and feelings about the risk and benefits associated with learning genetic information as well as to offer confidential free testing to interested individuals. The study has been very successful in identifying individuals with Alpha-1. The study has tested over 1,500 individuals in fiscal year 2009. Information that has been collected is the basis for upcoming publications.

(Code _____) (Expenses \$ 191,038 including grants of \$ 0.) (Revenue \$ 0.)

Alpha-1 Advocacy

The Foundation's Public Policy Program monitors legislation and regulatory issues and makes public the Foundation's positions on such issues as research, new therapies, screening and detection, access to care, medical privacy, genetic non-discrimination, federal and state funding, blood product safety, education, and awareness.

(Code _____) (Expenses \$ 182,933 including grants of \$ 0.) (Revenue \$ 0.)

Alpha-1 Communications

Alpha-1 Communications functions include the development and distribution of educational materials directed at patients, healthcare providers, and the research community, development and maintenance of the Foundation's website, social media sites, publications, press releases, and general media activity.

(Code _____) (Expenses \$ 121,754 including grants of \$ 0.) (Revenue \$ 130,000.)

Alpha-1-to-One

Alpha-1-To-One magazine is designed to inform the Alpha-1 community of developments in research, education, advocacy, fund raising opportunities and events. Every issue also highlights individuals with Alpha-1 who describe their unique perspectives and experiences. Each issue covers these topics with distinct, standardized and consistent sections. The 20-page magazine is published three times a year. The Foundation mails nearly 14,000 copies and distributes another 1,000 at education days, conferences, and in information packages requested by Alphas, their families, physicians and medical offices.

(Code _____) (Expenses \$ 99,713 including grants of \$ 41,667.) (Revenue \$ 0.)

National Targeted Detection Program

The goal of the National Targeted Detection Program (NTDP) is to raise awareness of Alpha-1 and encourage medical professionals to conduct targeted testing for Alpha-1 Antitrypsin Deficiency among at risk individuals, while stressing the importance of testing to patients and their families. Awareness and educational outreach programs are targeted to reach the medical, scientific, and Alpha-1 communities as well as the general public. Current efforts focus on pilot testing programs and building physician awareness through educational programs. Through 2009, the Alpha-1 Foundation has tested over 50,000 individuals through various detection programs.

Part III, Line 4d (990) - Program Service Accomplishments

(Code _____) (Expenses \$ 91,911 including grants of \$ 23,185.) (Revenue \$ 0.)

Team Alpha-1

Team Alpha-1 is comprised of Alphas, family, and friends who volunteer to participate or assist in local, national and international sporting events. Team Alpha-1 exists to create awareness for Alpha-1, to promote the Foundation's Detection Programs, to raise research and/or program funds for the Foundation, and encourage Alphas to get fit and strong. Team Alpha-1 generates a substantial amount of publicity in smaller markets creating opportunities to discuss the importance of testing and early diagnosis. Participating Alphas are spokespersons to the media wherever possible and deliver the Alpha-1 awareness and detection message.

(Code _____) (Expenses \$ 58,004 including grants of \$ 0.) (Revenue \$ 0.)

Alpha-1 Education Days

The Alpha-1 Foundation co-sponsors, encourages, and supports the Alpha-1 Education Day Series so that as many Alphas, their families, and medical professionals as possible may have access to current medical information on Alpha-1 and the resources of the Alpha-1 Community. The Education Day series is comprised of six geographically dispersed full-day educational programs which feature the latest information on clinical care, progress in research, and other topics such as advocacy, pulmonary rehabilitation, etc.

(Code _____) (Expenses \$ 88,952 including grants of \$ 0.) (Revenue \$ 88,952.)

Leased Employees Expense

The Alpha-1 Foundation had some employees on its payroll who performed services for the COPD Foundation, a not for profit organization. The expenses recorded for this program represent the cost of salaries, payroll taxes, and employee benefits.

(Code _____) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0.)

(Code _____) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0.)

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input checked="" type="checkbox"/>	Massachusetts	<input checked="" type="checkbox"/>	Rhode Island
<input checked="" type="checkbox"/>	Alaska	<input checked="" type="checkbox"/>	Maryland	<input checked="" type="checkbox"/>	South Carolina
<input checked="" type="checkbox"/>	Alabama	<input checked="" type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input checked="" type="checkbox"/>	Tennessee
<input checked="" type="checkbox"/>	Arkansas	<input checked="" type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input checked="" type="checkbox"/>	Minnesota	<input checked="" type="checkbox"/>	Utah
<input checked="" type="checkbox"/>	Arizona	<input checked="" type="checkbox"/>	Missouri	<input checked="" type="checkbox"/>	Virginia
<input checked="" type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U S. Virgin Islands
<input checked="" type="checkbox"/>	Colorado	<input checked="" type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input checked="" type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input checked="" type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	District of Columbia	<input checked="" type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input checked="" type="checkbox"/>	North Dakota	<input checked="" type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input checked="" type="checkbox"/>	New Hampshire		
<input checked="" type="checkbox"/>	Georgia	<input checked="" type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input checked="" type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input checked="" type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input checked="" type="checkbox"/>	Ohio		
<input checked="" type="checkbox"/>	Illinois	<input checked="" type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input checked="" type="checkbox"/>	Oregon		
<input checked="" type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash		Non Cash
1 Federated Campaigns		1	
2 Membership dues		2	
3 Fundraising events		3	
4 Related organizations		4	
5 Government grants (contributions)	333,684	5	
6 All other contributions, gifts, grants, and similar amounts not included above			
	6,565,891		
Other contributions total	6,565,891	6	0
7 Total	6,899,575	7	0

Totals	
Public Securities	
Non-Public Securities	
Other sales	

Index	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depreciation	Description of Basis Method
											Cost	Donated value			
1	Summary		X							2,886,971	3,199,242				
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
Totals											Gross sales	Cost, other basis and expenses			
Public Securities											2,886,971	3,199,242			
Non-Public Securities											0	0			
Other sales											0	0			

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

		12,547	6,186	3,187	3,174
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
Description			services	and general	
1		12,547	6,186	3,187	3,174
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Alpha-1 Foundation
Buildings & Equipment Cost & Accumulated Depreciation
For the Period of July 1, 2008 - June 30, 2009

Account 1610 Leasehold Improvements											
Remodeling Suite 303 703											
Remodeling Suite 303 703											
Total Improvements											
Date Acquired	Cost	Cost	Removals	Cost	Method	Useful Life	Acc Depr 06/30/08	Current Depr	Removals	Acc Depr 06/30/09	Net Value
07/03/03	28,496.53	-	-	28,496.53	S/L	5 Years	(28,496.53)	-	-	(28,496.53)	-
08/08/03	2,489.80	-	-	2,489.80	S/L	5 Years	(2,489.80)	(41.42)	-	(2,489.80)	-
	30,986.33	-	-	30,986.33			(30,986.33)	(41.42)	-	(30,986.33)	-
Total Improvements											
06/20/07	12,975.00	-	-	12,975.00	S/L	7 Years	(12,975.00)	-	-	(12,975.00)	-
07/01/07	4,980.00	-	-	4,980.00	S/L	7 Years	(4,980.00)	-	-	(4,980.00)	-
01/31/08	301.82	-	-	301.82	S/L	7 Years	(301.82)	-	-	(301.82)	-
08/07/08	759.88	-	-	759.88	S/L	7 Years	(759.88)	-	-	(759.88)	-
09/13/03	6,260.58	-	-	6,260.58	S/L	7 Years	(4,322.78)	(894.37)	-	(5,217.15)	1,043.43
08/14/06	4,321.20	-	-	4,321.20	S/L	7 Years	(1,183.19)	(617.31)	-	(1,800.50)	2,520.70
04/14/07	1,200.00	-	-	1,200.00	S/L	7 Years	(214.28)	(171.43)	-	(385.71)	814.28
02/20/09	-	2,670.01	-	2,670.01	S/L	7 Years	(158.83)	(72.50)	-	(158.83)	2,511.08
04/20/09	-	2,030.00	-	2,030.00	S/L	7 Years	-	(24,737.05)	-	(24,737.05)	1,957.50
	30,986.58	4,700.01	-	35,686.59			(24,737.05)	(1,914.54)	-	(26,651.59)	8,847.00
Total Furniture											
Account 1630 Office Equipment											
04/08/09	3,780.00	-	-	3,780.00	S/L	5 Years	(3,780.00)	-	-	(3,780.00)	-
04/20/09	1,045.00	-	-	1,045.00	S/L	5 Years	(1,045.00)	-	-	(1,045.00)	-
05/08/09	3,069.51	-	-	3,069.51	S/L	5 Years	(3,069.51)	-	-	(3,069.51)	-
06/30/09	982.94	-	-	982.94	S/L	5 Years	(982.94)	-	-	(982.94)	-
02/17/00	4,303.00	-	-	4,303.00	S/L	5 Years	(4,303.00)	-	-	(4,303.00)	-
05/30/00	4,117.50	-	-	4,117.50	S/L	5 Years	(4,117.50)	-	-	(4,117.50)	-
06/30/00	5,327.03	-	-	5,327.03	S/L	5 Years	(5,327.03)	-	-	(5,327.03)	-
08/22/00	2,361.00	-	-	2,361.00	S/L	5 Years	(2,361.00)	-	-	(2,361.00)	-
10/08/00	2,278.71	-	-	2,278.71	S/L	5 Years	(2,278.71)	-	-	(2,278.71)	-
11/12/00	1,958.92	-	-	1,958.92	S/L	5 Years	(1,958.92)	-	-	(1,958.92)	-
12/31/00	8,000.00	-	-	8,000.00	S/L	5 Years	(8,000.00)	-	-	(8,000.00)	-
02/07/01	3,397.39	-	-	3,397.39	S/L	5 Years	(3,397.39)	-	-	(3,397.39)	-
02/09/01	4,050.00	-	-	4,050.00	S/L	5 Years	(4,050.00)	-	-	(4,050.00)	-
02/13/01	1,204.00	-	-	1,204.00	S/L	5 Years	(1,204.00)	-	-	(1,204.00)	-
04/30/01	6,090.50	-	-	6,090.50	S/L	5 Years	(6,090.50)	-	-	(6,090.50)	-
08/20/01	1,441.00	-	-	1,441.00	S/L	5 Years	(1,441.00)	-	-	(1,441.00)	-
01/17/02	1,164.00	-	-	1,164.00	S/L	5 Years	(1,164.00)	-	-	(1,164.00)	-
03/01/02	1,659.46	-	-	1,659.46	S/L	5 Years	(1,659.46)	-	-	(1,659.46)	-
06/13/02	9,475.00	-	-	9,475.00	S/L	5 Years	(9,475.00)	-	-	(9,475.00)	-
10/15/02	1,045.00	-	-	1,045.00	S/L	5 Years	(1,045.00)	-	-	(1,045.00)	-
11/11/02	11,165.00	-	-	11,165.00	S/L	5 Years	(11,165.00)	-	-	(11,165.00)	-
11/25/02	1,040.00	-	-	1,040.00	S/L	5 Years	(1,040.00)	-	-	(1,040.00)	-
12/16/02	1,050.00	-	-	1,050.00	S/L	5 Years	(1,050.00)	-	-	(1,050.00)	-
03/07/03	1,834.00	-	-	1,834.00	S/L	5 Years	(1,834.00)	-	-	(1,834.00)	-
03/31/03	1,562.77	-	-	1,562.77	S/L	5 Years	(1,562.77)	-	-	(1,562.77)	-
04/30/03	1,031.44	-	-	1,031.44	S/L	5 Years	(1,031.44)	-	-	(1,031.44)	-
07/03/03	3,724.00	-	-	3,724.00	S/L	5 Years	(3,724.00)	-	-	(3,724.00)	-
10/08/03	3,166.90	-	-	3,166.90	S/L	5 Years	(3,166.90)	-	-	(3,166.90)	-
12/01/03	1,484.10	-	-	1,484.10	S/L	5 Years	(1,484.10)	-	-	(1,484.10)	-
02/01/04	1,008.78	-	-	1,008.78	S/L	5 Years	(891.09)	(117.69)	-	(1,008.78)	-
02/21/04	1,638.75	-	-	1,638.75	S/L	5 Years	(1,447.56)	(191.19)	-	(1,638.75)	-
07/01/04	1,185.00	-	-	1,185.00	S/L	5 Years	(956.00)	(239.00)	-	(1,195.00)	-
12/08/04	4,415.00	-	-	4,415.00	S/L	5 Years	(3,090.50)	(883.00)	-	(3,973.50)	441.50
12/30/04	1,305.00	-	-	1,305.00	S/L	5 Years	(891.75)	(261.00)	-	(1,152.75)	152.25
01/01/05	5,925.97	-	-	5,925.97	S/L	5 Years	(4,049.41)	(1,185.19)	-	(5,234.60)	691.37
02/01/05	4,207.50	-	-	4,207.50	S/L	5 Years	(2,805.00)	(641.50)	-	(3,646.50)	561.00
04/07/05	2,161.77	-	-	2,161.77	S/L	5 Years	(1,369.12)	(432.35)	-	(1,801.47)	360.30
11/08/05	2,288.56	-	-	2,288.56	S/L	5 Years	(1,220.57)	(457.71)	-	(1,678.28)	610.28
02/17/06	1,492.16	-	-	1,492.16	S/L	5 Years	(721.22)	(298.43)	-	(1,016.65)	472.51
02/28/06	1,557.50	-	-	1,557.50	S/L	5 Years	(752.78)	(311.50)	-	(1,064.28)	493.21
04/01/06	1,110.00	-	-	1,110.00	S/L	5 Years	(499.50)	(222.00)	-	(721.50)	388.50
05/08/06	1,470.04	-	-	1,470.04	S/L	5 Years	(637.02)	(294.01)	-	(931.03)	539.01
07/31/06	2,877.00	-	-	2,877.00	S/L	5 Years	(1,150.80)	(575.40)	-	(1,726.20)	1,150.80
08/31/06	2,080.00	-	-	2,080.00	S/L	5 Years	(797.33)	(34.67)	624.00	(1,213.33)	866.67
02/07/07	2,076.97	-	-	2,076.97	S/L	5 Years	(569.33)	(34.67)	-	(604.00)	-
06/30/07	2,603.58	-	-	2,603.58	S/L	5 Years	(288.35)	(520.72)	-	(809.07)	803.25
01/31/08	-	2,396.78	-	2,396.78	S/L	5 Years	-	(479.36)	-	(479.36)	1,917.42
07/09/08	-	1,030.00	-	1,030.00	S/L	5 Years	-	(171.67)	-	(171.67)	858.33
09/18/08	-	1,056.00	-	1,056.00	S/L	5 Years	-	(176.00)	-	(176.00)	880.00
10/23/08	-	1,089.00	-	1,089.00	S/L	5 Years	-	(163.35)	-	(163.35)	925.65
02/28/09	-	1,274.00	-	1,274.00	S/L	5 Years	-	(106.17)	-	(106.17)	1,167.83
04/01/09	-	16,557.00	-	16,557.00	S/L	3 Years	-	(1,379.75)	-	(1,379.75)	15,177.25
06/10/09	-	16,475.18	-	16,475.18	S/L	5 Years	-	(274.59)	-	(274.59)	16,200.59
	133,602.75	39,877.96	(2,079.97)	171,400.74			(114,854.86)	(10,589.65)	624.00	(124,920.51)	46,480.23
Total Equipment											
Total Property & Equipment											
	\$ 185,387.66	\$ 44,577.97	\$ (2,079.97)	\$ 237,885.66			\$ (170,636.82)	\$ (12,545.61)	\$ 624.00	\$ (182,558.43)	\$ 55,327.23

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	Accounts receivable	212,240		724,501			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total accounts receivable	212,240		724,501	0		0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

										237,885	170,637	182,558	0	24,751	55,327
Category or Item										Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Leasehold Improvements									30,986	30,945	30,986		41	0
2	Furniture and fixtures									35,498	24,737	26,652		6,062	8,846
3	Other Equipment									171,401	114,955	124,920		18,648	46,481
4										0	0			0	0
5										0	0			0	0
6										0	0			0	0
7										0	0			0	0
8										0	0			0	0
9										0	0			0	0
10										0	0			0	0
11										0	0			0	0
12										0	0			0	0
13										0	0			0	0
14										0	0			0	0
15										0	0			0	0
16										0	0			0	0
17										0	0			0	0
18										0	0			0	0
19										0	0			0	0
20										0	0			0	0

Part X₁ Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

☐ Cost☒ End of year market value (FMV)

Securities at end of year		Publicly Traded Securities?	Financial Denvatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Marketable Securities - Current	X			0 00	0	2,166,956	3,551,522
2	Marketable Securities - Non-current	X			0 00	0	1,951,765	2,284,961
3					0 00	0	0	0
4					0 00	0	0	0
5					0 00	0	0	0
6					0 00	0	0	0
7	-				0 00	0	0	0
8					0 00	0	0	0
9					0 00	0	0	0
10					0 00	0	0	0
11					0 00	0	0	0
12					0 00	0	0	0
13					0 00	0	0	0
14					0 00	0	0	0
15					0 00	0	0	0
16					0 00	0	0	0
17					0 00	0	0	0
18					0 00	0	0	0
19					0 00	0	0	0
20					0 00	0	0	0

Part X, Line 15 (990) - Other Assets

		29,010	95,306
Description		Beginning	End
1	Prepaid expenses	9,631	75,811
2	Deposits	19,379	19,495
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II (Sch G (990/990EZ)) - Events

	Event Type	Line 1 Gross Receipts	Line 2 Less. (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	Celebration of Life Dinner	301,215		301,215			58,104	21,496
2	Other Events	66,936		66,936			3,347	24,417
3				0				
4				0				
5				0				
6				0				
7				0				
8				0				
9				0				
10				0				
11				0				
12				0				
13				0				
14				0				
15				0				
16				0				
17				0				
18				0				
19				0				
20				0				

45,913