See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: AlphaNet, Inc.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 2937 SW 27 AVE

Room/suite: 305

City or town, state or country, and ZIP + 4: MIAMI FL 33133-3772

D Employer identification number: 65-0608560

E Telephone number: 305 442-1776

G Gross receipts $: 7,469,990

F Name and address of principal officer: Robert C. Barrett 2937 SW 27th Ave Suite 305, Miami, FL 33133-3772

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www alphanet.org

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1995

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
AlphaNet provides health management services to individuals diagnosed with Alpha-1 Antitrypsin Deficiency ("Alphas"). AlphaNet also conducts clinical trials, and provides clinical research-related services to pharmaceutical companies, conducts nursing education programs and contributes to Alpha-1 research.

2 Check this box ▶ ☐ 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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	38
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

RECEIVED
JAN 27 2010
OGDEN, UT

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	7,033,431	7,192,324
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,772	-45,460
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,079,362	0
12	Total revenue–add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,144,565	7,146,864
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,209,350	3,131,948
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)	2,453,836	2,629,217
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,381,404	1,170,997
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,044,590	6,932,162
19	Revenue less expenses Subtract line 18 from line 12	1,099,975	214,702

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	3,923,178	4,103,226
21	Total liabilities (Part X, line 26)	623,239	588,533
22	Net assets or fund balances. Subtract line 21 from line 20	3,299,939	3,514,693

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

Signature of officer — Date: 1/5/10

Robert C. Barrett, Chief Executive Officer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
JOHN F. WARD	1/5/2010	▶ ☒	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

SCANNED JAN 26 2010

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

(HTA)

Form **990** (2008)

19

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.
See Page 1, Part1, 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 $ 3,402,058 including grants of $ 131,948) (Revenue $ 7,162,324)
AlphaNet Services
AlphaNet is an innovative not-for-profit health management company dedicated to improving the lives of persons with Alpha-1 Antitrypsin Deficiency (Alpha-1) AlphaNet employs 27 individuals with Alpha-1 to provide infusion and health management services to nearly 3,000 other Alphas AlphaNet sponsors and conducts Alpha-1 related clinical trials, provides accredited nursing education programs and through its medical team, publishes the most comprehensive guide to living with Alpha-1 available

4b (Code.) (Expenses $ 3,000,000 including grants of $ 3,000,000) (Revenue $ 0)
Alpha-1 Foundation
AlphaNet provides grants to the Alpha-1 Foundation., a not-for-profit organization, to support detection of Alpha-1 affected persons, research for improved therapies and a cure for Alpha-1 Antitrypsin Deficiency

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ► $ 6,402,058 *(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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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*	5	N/A	
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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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*	11	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*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		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*	14b		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*	15		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*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		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*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		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*	21	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*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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*	25a		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*	25b		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*	26		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*	27		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)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

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	11		
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	38		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
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		
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	N/A	
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	N/A	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	N/A	
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		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
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	N/A	
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	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	N/A	
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

			Yes	No
	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.			
1a	Enter the number of voting members of the governing body	1a 11		
b	Enter the number of voting members that are independent	1b 8		
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?	15b	X	
	Describe the process in Schedule O. (see instructions)			
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 ► FL

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

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			
Robert A Sandhaus, MD President	40.	X		X				215,090	0	52,725
John W. Walsh Chief Executive Officer	40.	X		X				215,670	0	37,396
Robert C. Barrett Chief Executive Officer	40.	X		X				192,806	0	47,365
Michael R. McConnell, RPh Chair	5.	X		X				0	0	0
Ab Rees Director	5.	X						0	0	0
Richard A. Bueker Director	2.	X						0	0	0
Bonnie J. Chakravorty, MSW, PhD Secretary	2.	X		X				0	0	0
Robert L. Greene, Jr Treasurer	5.	X		X				0	0	0
Patricia Masterson, RN Director	2.	X						0	0	0
Andrew Steele Director	2	X						0	0	0
Grant M. Wood Director	2	X						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 VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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			
	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
1b Total ▶								623,566	0	137,486

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 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 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g Noncash contributions included in lines 1a-1f: $ 0					
	h **Total.** Add lines 1a–1f	▶	0			
Program Service Revenue		Business Code				
	2a Disease Management Income		6,942,324			
	b Leased Employees		250,000			
	c		0			
	d		0			
	e		0			
	f All other program service revenue		0			
	g **Total.** Add lines 2a–2f	▶	7,192,324			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	83,234			
	4 Income from investment of tax-exempt bond proceeds	▶	0			
	5 Royalties	▶	0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)	0 / 0				
	d Net rental income or (loss)	▶	0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	194,432 / 0				
	b Less: cost or other basis and sales expenses	323,126 / 0				
	c Gain or (loss)	-128,694 / 0				
	d Net gain or (loss)	▶	-128,694			
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a 0					
	b Less: direct expenses b 0					
	c Net income or (loss) from fundraising events	▶	0			
	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	▶	7,146,864	0	0	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	3,114,798	3,114,798		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	17,150	17,150		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	673,566	631,131	42,435	
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	1,192,440	1,118,066	74,374	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	45,131	41,969	3,162	
9 Other employee benefits	596,391	551,694	44,697	
10 Payroll taxes	121,689	115,273	6,416	
11 Fees for services (non-employees):				
a Management	0			
b Legal	36,324	14,680	21,644	
c Accounting	42,275		42,275	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	9,097		9,097	
g Other	189,538	106,063	83,475	
12 Advertising and promotion	10,044		10,044	
13 Office expenses	78,509	53,673	24,836	
14 Information technology	77,325	77,325		
15 Royalties	0			
16 Occupancy	70,795	33,517	37,278	
17 Travel	126,307	110,552	15,755	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	122,033	101,098	20,935	
20 Interest	0			
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	103,534	95,763	7,771	0
23 Insurance	22,529		22,529	
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 Contract Services	10,808	9,956	852	
b Telephones	152,868	132,789	20,079	
c Postage and shipping	29,258	25,652	3,606	
d Printing and publocations	45,012	40,774	4,238	
e Equipment repair and maintenance	17,771	231	17,540	
f All other expenses Other expenses	26,970	9,904	17,066	
25 **Total functional expenses.** Add lines 1 through 24f	6,932,162	6,402,058	530,104	0
26 **Joint Costs.** Check here ▶ ☐ 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		292,292	1	251,274
	2	Savings and temporary cash investments		113,188	2	140,572
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		594,206	4	758,904
	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	10a 582,645			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 368,566	174,755	10c	214,079
	11	Investments–publicly traded securities		1,675,795	11	1,666,930
	12	Investments–other securities See Part IV, line 11		0	12	0
	13	Investments–program-related. See Part IV, line 11		1,054,362	13	1,054,362
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		18,580	15	17,105
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,923,178	16	4,103,226
Liabilities	17	Accounts payable and accrued expenses		623,239	17	588,533
	18	Grants payable			18	
	19	Deferred revenue			19	
	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		623,239	26	588,533
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,299,939	27	3,514,693
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		3,299,939	33	3,514,693
	34	Total liabilities and net assets/fund balances		3,923,178	34	4,103,226

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			X
b	Were the organization's financial statements audited by an independent accountant?	2b		X	
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?	2c		X	
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?	3a		N/A	
b	If "Yes," did the organization undergo the required audit or audits?	3b		N/A	

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	Employer identification number
AlphaNet, Inc.	65-0608560

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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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
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 ")		0	0			0
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	0	0	0	0	0	0
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)						0
6 **Public support.** Subtract line 5 from line 4.						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 **Total support.** Add lines 7 through 10						0

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** ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%

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 ► ☐

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 ► ☐

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. ► ☐

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 ► ☐

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 ► ☐

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.")	805	0	0			805
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	6,218,124	6,569,553	7,051,555	7,033,431	7,162,324	34,034,987
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	6,218,929	6,569,553	7,051,555	7,033,431	7,162,324	34,035,792
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)						34,035,792

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	6,218,929	6,569,553	7,051,555	7,033,431	7,162,324	34,035,792
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.)						34,035,792

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** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00%

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)

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

AlphaNet, Inc.

Employer identification number

65-0608560

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		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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).

☐ Preservation of land for public use (e.g , recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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	8,363	8,363	0
d Equipment	0	504,982	290,903	214,079
e Other	0	0	0	0
Total. Add lines 1a–1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				214,079

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	
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
Investment in Subsidiary	25,000	F
Centric Health Resources, LLC Class C	1,029,362	F
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶	1,054,362	

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
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	7,146,864
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,932,162
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	214,702
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	8,748
9	Total adjustments (net) Add lines 4–8	9	8,748
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	223,450

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	7,178,221
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	31,358		
e	Add lines 2a through 2d			2e	31,358
3	Subtract line 2e from line 1			3	7,146,863
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	7,146,863

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

1	Total expenses and losses per audited financial statements			1	6,954,772
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	22,610		
e	Add lines 2a through 2d			2e	22,610
3	Subtract line 2e from line 1			3	6,932,162
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	6,932,162

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.

Part XI Line 8, Part XII line 2d, and Part XIII line 2d

The Audited Financial Statements included three affiliates which are not included in this return. See the supplemental information of the Consolidated Financial Statements begining at Page 19

Part XIV Supplemental Information *(continued)*

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

AlphaNet, Inc

Employer identification number

65-0608560

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? . . . . . [X] 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
Alpha-1 Foundation 2937 SW 27th Ave Suite 302 Miar		501(c)(3)	3,000,000	0			Fund Research
Alpha-1 Association 2937 SW 27th Ave Suite 106 Miar		501(c)(3)	100,000	0			Services to Alphas
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			

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

3 Enter total number of other organizations . . . . . ▶ 0

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
Scholarships to Attend Educational Conferences	114	17,150	0		See Part IV
	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 III Line 1

AlphaNet provided grants to Alpha-1 patients to attend educational conferences, focus groups, support group training sessions, disaster assistance and similar expenses These grants were $500 or less The highest grant was a scholarship to an Alpha-1 patient in the amount of $1,000 awarded at the Alpha-1 National Conference.

Part I Line 2 The President and Chief Executive Officer are also Officers of the Alpha-1 Foundation. They are fully aware of all the peer-reviewed Alpha-1 medical research grants and programs of the Foundation.

The support for the Alpha-1 Association is to assist in advocacy and education programs for Alpha-1 patients, their families, and medical professionals.

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	Employer identification number
AlphaNet, Inc.	65-0608560

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b		
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?	2		
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			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a	X	
b	Any related organization?	6b		X
	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	7		X
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	8		X

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John W. Walsh	(i)	166,670	49,000	0	0	37,396	253,066	0
	(ii)	0	0	0	0	0	0	0
Robert C. Barrett	(i)	143,806	49,000	0	0	47,365	240,171	0
	(ii)	0	0	0	0	0	0	0
Robert A. Sandhaus, MD	(i)	215,090	0	0	0	52,725	267,815	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

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 I Line 6a The President and Chief Executive Officer each received incentive compensation payments for the successful achievement of financial and operational milestones.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AlphaNet, Inc.

Employer identification number

65-0608560

Form 990 Part IV Section C Line 19

AlphaNet, Inc Form 990's are available on guidestar.org. Copies of the Audited Financial Statements and copies of the conflict of interest policy are available by request

Form 990 Part VI Section A Line 10

After preparation of Form 990 by an independent CPA , the Chief Executive Officer, and the company's Accountant, the draft of the Form 990 is circulated to members of management for review and comment The Form 990 is then provided to members of AlpaNet's Audit & Finance Committee for their review before filing.

Form 990 Part VI Section B Line 12c

The conflict of interest statement is read by the board secretary at all board meetings. Signed Conflict of Interest Statements are obtained from all officers, board members, and senior staff and reviewed by board members at every board meeting. A staff member makes sure all signed statements are current.

Form 990 Part VI Section B Line 15

Salaries for all employees are determined by annual compensation surveys of comparable not -for profit organizations.

Form 990 Part VII Section A Line 1a Officers Compensation

AlphaNet, Inc. provides the services of the President and Chief Executive Officer to the Alpha-1 Foundation, Inc. , another 501(c)(3) organization, under a management agreement The amount is based on the reasonable estimate of the services provided to the Alpha-1 Foundation.

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
AlphaNet, Inc.

Employer identification number
65-0608560

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	

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 Management, Inc 20-1048224 2937 SW 27th Ave Suite 305, Miami, FL 33133	Health Management	FL			AlphaNet, Inc.
Disease Management Network, Inc. 20-3887360 2937 SW 27th Ave Suite 305, Miami, FL 33133	Health Management	FL			AlphaNet, Inc.

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? Yes	(H) No	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
					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
Point of Care, Inc. 20-3795463 2937 SW 27th Ave Suite 305, Miami, FL 33133	Serum Tests & IT	FL	AlphaNet, Inc.	C Corp	0	0	100.00%
					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.		Yes	No
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	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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)	Point of Care, Inc.	a	4,094
(2)	COPD Management, Inc.	a	75,000
(3)	Point of Care, Inc.	n	117,890
(4)			0
(5)			0
(6)			0

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		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			0		

Item H(b) (990) - Affiliates Not Included

	Name	Street Address	City	State	ZIP code	Foreign Country	EIN
1	Disease Management Network,	2937 SW 27th Ave Suite 305	Miami	FL	33133		20-3887360
2	Point of Care, Inc.	2937 SW 27th Ave Suite 305	Miami	FL	33133		20-3795463
3	COPD Management, Inc.	2937 SW 27th Ave Suite 305	Miami	FL	33133		20-1048224
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Totals	Gross sales	Cost, other basis and expenses
Public Securities	194,432	323,126
Non-Public Securities	0	0
Other sales	0	0

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) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	See Summary attached		X							194,432	323,126				
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

AlphaNet, Inc.
Realized Gain/(Loss) Detail
For the Twelve Months Ended June 30, 2009

Description	# of Shares	Sold	Cost	Gain/(Loss)
Texas Instruments	52	$ 1,269	$ 2,000	$ (731)
Texas Instruments	154	3,758	4,960	(1,203)
Texas Instruments	102	2,489	3,575	(1,086)
Texas Instruments	71	1,732	2,567	(834)
Texas Instruments	219	5,344	6,723	(1,380)
Texas Instruments	53	1,293	1,512	(218)
Texas Instruments	79	1,928	2,257	(329)
Amer Intl Group (AIG)	28	49	1,974	(1,925)
Amer Intl Group (AIG)	79	138	4,975	(4,836)
Amer Intl Group (AIG)	113	198	7,574	(7,377)
Amer Intl Group (AIG)	50	88	3,421	(3,334)
Amer Intl Group (AIG)	159	278	8,977	(8,699)
Amer Intl Group (AIG)	45	79	2,009	(1,931)
Amer Intl Group (AIG)	126	221	2,976	(2,756)
Disney (Walt) Co STK	57	1,469	1,967	(498)
Disney (Walt) Co STK	157	4,047	5,011	(964)
Disney (Walt) Co STK	48	1,237	1,698	(460)
Disney (Walt) Co STK	144	3,712	4,507	(795)
Disney (Walt) Co STK	31	799	985	(186)
Disney (Walt) Co STK	50	1,289	1,507	(218)
Alcon Inc.	169	15,058	27,290	(12,231)
Alcon Inc.	19	1,693	3,095	(1,402)
Emerson Elec Co	82	2,636	3,979	(1,343)
Emerson Elec Co	217	6,976	9,433	(2,457)
Emerson Elec Co	62	1,993	3,420	(1,427)
Emerson Elec Co	166	5,337	8,991	(3,654)
Emerson Elec Co	40	1,286	1,986	(700)
Emerson Elec Co	60	1,929	3,011	(1,082)
Wyeth	52	2,272	2,949	(677)
Wyeth	164	7,166	7,380	(214)
Wyeth	55	2,403	2,532	(129)
Wyeth	150	6,554	6,758	(203)
Wyeth	36	1,573	1,495	78
Wyeth	48	2,097	2,289	(191)
Wyeth	84	3,671	3,121	550
Bank New York Mellon	66	1,704	2,986	(1,282)
Bank New York Mellon	188	4,854	7,349	(2,494)
Bank New York Mellon	79	2,040	3,505	(1,465)
Bank New York Mellon	74	1,911	3,385	(1,474)
Bank New York Mellon	183	4,725	9,007	(4,282)
Bank New York Mellon	45	1,162	2,012	(850)
Bank New York Mellon	83	2,143	3,035	(892)
Bank New York Mellon	157	4,054	4,176	(122)
Procter & Gamble	63	3,253	3,874	(621)
Procter & Gamble	157	8,106	10,013	(1,908)

Procter & Gamble	47	2,427	3,372	(945)
Procter & Gamble	125	6,454	9,020	(2,566)
Procter & Gamble	29	1,497	1,993	(496)
Procter & Gamble	47	2,427	3,000	(574)
Procter & Gamble	70	3,614	4,206	(592)
Dupont	38	726	1,965	(1,239)
Dupont	106	2,025	5,023	(2,998)
Dupont	34	650	1,690	(1,040)
Dupont	103	1,968	4,477	(2,509)
Dupont	21	401	990	(589)
Dupont	35	669	1,515	(846)
Dupont	82	1,567	2,093	(527)
Starwood Hotels	381	4,291	20,803	(16,512)
Starwood Hotels	63	710	2,268	(1,558)
Starwood Hotels	179	2,016	3,118	(1,102)
Time Warner	85	2,117	2,717	(600)
Time Warner	17	424	519	(96)
Vodafone Group PLC	90	1,625	3,038	(1,413)
Vodafone Group PLC	240	4,333	7,047	(2,715)
Vodafone Group PLC	69	1,246	2,535	(1,289)
Vodafone Group PLC	182	3,286	6,754	(3,468)
Vodafone Group PLC	51	921	1,507	(586)
Vodafone Group PLC	76	1,372	2,273	(901)
Vodafone Group PLC	164	2,961	3,160	(199)
Vodafone Group PLC	165	2,979	2,976	3
Baxter Interntl Inc	213	10,005	12,176	(2,171)
Baxter Interntl Inc	17	799	994	(195)
Baxter Interntl Inc	23	1,080	1,563	(483)
Baxter Interntl Inc	39	1,832	2,088	(257)
Total		194,432	323,126	$ (128,695)

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

	Description	103,534 (A) Total	95,763 (B) Program services	7,771 (C) Management and general	0 (D) Fundraising
1		103,534	95,763	7,771	
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			

AlphaNet, Inc.
Depreciation Schedule As of June 30, 2009

	Date Acquired	Method Life	Original Price	Balance 06/30/08	Additions	Deletions	Balance 06/30/09	Accumulated Depreciation 06/30/08	7/1/08-06/30/09 12 months Depreciation	Deletions	FYE A/D 06/30/09	Monthly Depreciation	ADM Depreciation	Prolestl s DIRECT Depreciatio s	OUTCOME/ Step Forward Depreciation
Leasehold Improvements															
Improvements Suite 305	08/15/00	SL 5 YRS	2,400 00	2,400 00	-	-	2,400 00	(2,400.00)	-		(2,400.00)	-		-	
Improvements Suite 306	09/30/03	SL 5 YRS	1 565 15	1 565.15	-	-	1,565 15	(1 565 15)	-		(1 565 15)	-	-	-	
Carpet for suite 305	06/30/00	SL 5 YRS	2,428.00	2,428 00	-	-	2,428 00	(2,428 00)	-		(2,428.00)	-		-	
Carpet for suite 306	10/27/03	SL 5 YRS	1,973 16	1,973 16	-	-	1,973 16	(1,972.99)	(0 17)		(1,973 16)	-	-	-	
Total Leasehold Improvements			8,364.31	8 364.31	-	-	8,364 31	(8,364 14)	(0 17)	-	(8,364.31)	-	-		
											-				
Equipment											-				
Aaron Rent Furniture (305)	03/15/00	SL 5 YRS	2,112.68	2,112.68	-	-	2,112.68	(2 112.68)	-		(2,112.68)	-		-	
HP Computer w/monitor (offsite SD)	06/15/00	SL 5 YRS	1,349.97	1,349.97	-	-	1 349.97	(1 349.97)	-		(1,349.97)	-	-	-	
Furniture Suite 305	07/30/00	SL 5 YRS	3 000 00	3,000 00		-	3 000 00	(3 000 00)	-		(3 000 00)	-		-	
Network Server 50%	01/01/01	SL 5 YRS	5,515 50	5 515.50	-	-	5 515.50	(5,515 50)	-		(5 515.50)	-			
Furnmoure for Offsite employee	12/12/01	SL 5 YRS	1,823.31	1 823.31	-	-	1 823.31	(1 823 31)	-		(1 823.31)	-		-	
Furniture for offsite Manager	02/01/02	SL 5 YRS	7,205.01	7,205 01	-	-	7,205 01	(7,205 01)			(7,205 01)	-		-	
SON Computer Monitor	02/01/02	SL 5 YRS	1 199.99	1 199.99	-	-	1 199 99	(1 199.99)			(1,199.99)	-	-	-	
Compaq (305)	02/28/02	SL 5 YRS	1 050 00	1 050 00	-	-	1 050 00	(1 050 00)	-		(1,050.00)	-	-	-	
Compaq(305)	07/26/02	SL 5 YRS	1 055 00	1 055 00	-	-	1 055 00	(1,055 00)	-		(1 055 00)	-	-	-	
Furniture for office	07/23/02	SL 5 YRS	2,879 95	2,879.95	-	-	2,879 95	(2,879 95)			(2,879 95)	-	-	-	
Shelves for office	08/12/02	SL 5 YRS	1 035 68	1 035.68	-	-	1 035 68	(1 035 68)	-		(1 035 68)	-		-	
Dell Dimension (Server) 305	09/13/02	SL 5 YRS	5 797 00	5,797 00	-	-	5 797 00	(5 797 00)			(5 797.00)	-	-	-	
Laptop	09/13/02	SL 5 YRS	24,392.00	24,392.00	-	-	24 392.00	(24 392.00)	-		(24,392.00)	-		-	
Phone System	09/13/02	SL 5 YRS	20 600.00	20 600.00	-	-	20 600.00	(20 600.00)	-		(20 600.00)	-		-	
Compuqup (Server)	09/13/02	SL 5 YRS	4,823.00	4,823 00			4,823 00	(4 823 00)	-		(4,823.00)	-		-	
Laptops	10/11/02	SL 5 YRS	38 462.91	38 462.91	-	-	38 462.91	(38 462.91)	-		(38,462.91)	-		-	
Founders Portrait	08/26/03	SL 5 YRS	5,605 00	5 605 00	-	-	5 605 00	(5 605 00)	-		(5 605 00)	-	-	-	
Office Projector (305)	02/11/04	SL 5 YRS	1,809.00	1 809.00	-	-	1 809.00	(1,809 00)	-		(1,809 00)	-	-	-	
Founders Portrait	02/13/04	SL 5 YRS	5 192.48	5,192.48	-	-	5 192.48	(5 192.48)	-		(5 192.48)	-	-	-	
E-Tech Comm. Circuit Card & Conf Card (305)	02/29/04	SL 5 YRS	1 638 75	1 638 75	-	-	1 638 75	(1 638 75)	-		(1 638 75)	-	-	-	
RCB Laptop (305)	07/05/04	SL 5 YRS	2,123 46	2,123 46	-	-	2,123 46	(1 698 76)	(424 70)		(2,123 46)	(35.39)	(35 39)	-	
BSB Laptop (FL)	08/03/04	SL 5 YRS	1,469 14	1 469 14	-	-	1 469 14	(1 175 32)	(293.82)		(1,469 14)	(24 49)	(24 49)	-	
New Server & Spam Firewall Equip (305)	12/31/04	SL 5 YRS	11,862.20	11,862.20	-	-	11,862.20	(9 489 76)	(2,372.44)		(11 862.20)	(197 70)	(197 70)	-	
Xerox Copy Machine (305)	03/12/05	SL 5 YRS	1 349 00	1,349 00	-	-	1,349.00	(1 079.20)	(269.80)		(1 349 00)	(22.48)	(22.48)	-	
RAS Dell Laptop	08/10/05	SL 5 YRS	1,981 91	1 981 91	-	-	1,981 91	(1 123 06)	(396.38)		(1,519 44)	(33.03)		(33 03)	
Dell Inspiron 2200 Laptop (Gail Moore)	09/02/05	SL 5 YRS	1 044 95	1,044 95	-	-	1,044 95	(592.18)	(208.99)		(801 17)	(17 42)		(17 42)	
Portable Oxygen Concentrator	10/19/05	SL 5 YRS	5 495 00	5 495.00	-		5 495 00	(2 872.07)	(1 099.00)		(3,971.07)	(91.58)		(91 58)	
RCB Laptop (305)	05/04/06	SL 5 YRS	1 728.00	1 728.00	-		1 728 00	(748.80)	(345 60)		(1 094 40)	(28.80)	(28 80)		
S Christian Laptop (306)	05/04/06	SL 5 YRS	1 728 00	1 728.00	-		1 728 00	(748.80)	(345 60)		(1 094 40)	(28.80)	(28.80)		
Phone System Upgrade	06/01/06	SL 5 YRS	5 287 50	5,287 50	-		5,287 50	(2,205 06)	(1,057 50)		(3,262.56)	(88.13)	(88 13)		
HP Color Laser Jet Printer (3800n)	10/20/06	SL 5YRS	1,399 33	1 399 33			1 399 33	(468 45)	(279 87)		(746.32)	(23 32)	(23.32)		
Dell Dimension 9200 E8400(Ronny PC)	10/20/06	SL 5YRS	1,368.00	1,368.00	-		1,368 00	(456 00)	(273 60)		(729.60)	(22.80)	(22.80)		
New Projector for Office	02/05/07	SL 5 YRS	1,863 28	1,863.28	-	-	1 863 28	(527 93)	(372.66)		(900 59)	(31 05)	(31 05)		
HP NX7400 Laptop Computer(Jodi Roth)	05/12/07	SL 5 YRS	1 149 00	1 149 00	-		1 149 00	(268 10)	(229 80)		(497.90)	(19 15)	-	(19 15)	
HP NX7400 Laptop Computer(Edward Parker)	05/12/07	SL 5YRS	1,149 00	1 149 00	-		1 149 00	(268 10)	(229.80)		(497.90)	(19 15)	(19 15)		
HP Compaq NC7400 Laptop Computer (Jim Quill)	06/29/07	SL5YRS	1 059 00	1 059 00	-		1 059 00	(211 80)	(211 80)		(423 60)	(17 65)	-	(17 65)	
HP NX7400 Laptop Computer (Judy Rose)	07/11/07	SL5YRS	1 159 00	1 159 00	-		1 159 00	(231 80)	(231.80)		(463.60)	(19 32)		(19 32)	
HP NC430C20 Laptop Computer (Teresa Kitchen)	07/26/07	SL5YRS	1,239.00	1,239 00	-		1,239 00	(247 80)	(247 80)		(495 60)	(20 65)		(20 65)	
HP Storage ULT 448 Backup Tape Drive	08/31/07	SL5YRS	1 108 50	1 108 50	-		1 108 50	(184 75)	(221 70)		(406 45)	(18 48)	(18 48)		
inFocus LP20 Projector (2nd Office)	11/01/07	SL5YRS	1 165.92	1 165.92	-		1,165 92	(155 46)	(233 18)		(388.64)	(19 43)	(19 43)		
NDD Spirometerri (250)	12/31/07	SL3YRS	137 700 00	137 700 00			137 700 00	(22 950 00)	(45,900 00)		(68 850.00)	(3,825 00)	-	-	(3 825 00)
HP Proliant DL380 Server	01/01/08	SL5YRS	2,603.58	2,603.58			2,603.58	(260 36)	(520 72)		(781 08)	(43.39)	(43.39)		
St. Bernard bnsm Appliance Model 500	01/01/08	SL5YRS	1 195 00	1,195 00			1 195 00	(119 50)	(239 00)		(358.50)	(19.92)	(19.92)		
HP NC6710B Laptop (RCB)	02/15/08	SL5YRS	1 454 00	1 454 00	-		1,454.00	(121 17)	(290 80)		(411.97)	(24 23)	(24.23)		
HP NC6710B Laptop (Faulls)	03/13/08	SL5YRS	1 109 00	1 109.00	-		1 109 00	(73 93)	(221 80)		(295 73)	(18 48)	-	(18 48)	
Inogen One Concentrator (Totten)	04/10/08	SL3YRS	3 810 00	3 810 00			3,810 00	(317 50)	(1,270 00)		(1 587.50)	(105 83)		(105 83)	
inogen One Concentrator(Rose)	04/10/08	SL3YRS	3 805 00	3 805 00	-		3,805 00	(317 08)	(1,268.33)		(1 585 41)	(105 69)		(105 69)	
Inogen One Concentrator(Brown)	04/10/08	SL3YRS	3 800 00	3 800 00	-		3 800 00	(316 67)	(1 266 67)		(1 583.34)	(105.56)		(105.56)	
inogen One Concentrator(Roth)	04/10/08	SL3YRS	3 805 00	3 805 00	-		3 805 00	(317 08)	(1,268 33)		(1 585 41)	(105 69)		(105 69)	
Sequal Eclipse Concentrator (Walsh)	04/10/08	SL3YRS	3 313 00	3 313.00	-		3,313 00	(276 08)	(1 104.33)		(1 380 41)	(92.03)		(92.03)	
Sequal Eclipse Concentrator (Senft)	04/10/08	SL3YRS	3 233 00	3 233.00			3,233 00	(269 42)	(1 077 67)		(1,347 09)	(89.81)		(89 81)	
Inogen One Concentrator (Cameron)	04/10/08	SL3YRS	3 842 50	3 842 50	-		3,842.50	(320 21)	(1,280.83)		(1 601 04)	(106 74)		(106 74)	
Inogen One Concentrator (KDS)	04/28/08	SL3YRS	3,265 60	3,265 60	-		3,265 60	(272 13)	(1 088 53)		(1 360 66)	(90 71)		(90 71)	
HP Compaq 6710b Laptop Computer (Dan Clark)	09/10/08	SL5YRS	1 089 00	1 089 00	-		1 089 00	(18 15)	(217 80)		(235 95)	(18 15)		(18.15)	
HP Compaq 6710b Laptop Computer (Sue Smith)	09/10/08	SL5YRS	1 089 00	1 089 00	-		1 089 00	(18 15)	(217.80)		(235 95)	(18 15)		(18 15)	
Sequal Eclipse Concentrator (Office)	06/16/08	SL3YRS	3 735 00	3 735 00	-		3 735 00	(103 75)	(1 245 00)		(1 348 75)	(103 75)		(103 75)	
Sequal Eclipse Concentrator (Liz Veronda)	07/15/08	SL3YRS	2,944 00	-	2 944 00		2,944 00		(981 33)		(981 33)	(81 78)		(81 78)	
NDD Spirometerri (250)	10/15/08	SL3YRS	137 775 00	-	137 775 00		137,775 00	-	(34 443 75)		(34 443 75)	(3,827 08)			(3 827 06)
HP 6730B C2D/2 26 15 4	11/25/08	SL5YRS	1 069 00		1 069 00		1 069 00	-	(142 53)		(142.53)	(17.82)		(17 82)	
HP 6730B C2D/2.26 15 4	11/25/08	SL5YRS	1,069 00	-	1,069 00		1,069 00		(142 53)		(17 82)			(17 82)	
Total Equipment			504 982 10	362,125 10	142,857 00	-	504,982 10	(187 369 61)	(103 533 61)		(290,903 22)	(9,596 45)	(847 57)	(1,298 80)	(7 652 08)
							-				-				
ASPIRE (software)	12/31/02	SL 3 YRS	69 300 00	69 300 00		-	69 300.00	(69,300 00)	-		(69,300 00)	-	-		
							-				-				
Total Leasehold Improvements and Equipment			$ 582,646 41	$ 439,789 41	$ 142,857 00	$ -	$582,646 41	(265,033 75)	$ (103,533 78)	$	$ (368,567 53)	$ (9,596 45)	$ (847 57)	$ (1,298 80)	$ (7,652 08)

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Accounts Receivable	1	594,206	758,904		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	594,206	758,904	0	0

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

									582,645	265,033	368,566	0	174,755	214,079
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Leasehold improvements			X					8,363	8,363	8,363		0	0
2	Furniture and Fixtures				X				504,982	187,370	290,903		174,755	214,079
3	Software								69,300	69,300	69,300		0	0
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
21									0	0			0	0
22									0	0			0	0
23									0	0			0	0
24									0	0			0	0
25									0	0			0	0
26									0	0			0	0
27									0	0			0	0
28									0	0			0	0
29									0	0			0	0
30									0	0			0	0
31									0	0			0	0
32									0	0			0	0
33									0	0			0	0
34									0	0			0	0
35									0	0			0	0
36									0	0			0	0
37									0	0			0	0
38									0	0			0	0
39									0	0			0	0
40									0	0			0	0
41									0	0			0	0
42									0	0			0	0
43									0	0			0	0
44									0	0			0	0
45									0	0			0	0
46									0	0			0	0
47									0	0			0	0
48									0	0			0	0
49									0	0			0	0
50									0	0			0	0
51									0	0			0	0
52									0	0			0	0
53									0	0			0	0
54									0	0			0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

[ ] Cost

[X] End of year market value (FMV)

							0	1,675,795	1,666,930
	Securities at end of year	Publicly Traded Securities?	Financial Derivatives	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	TREASURY BILLS - CURRENT	X			0 00	0		0	0
2	TREASURY BILLS - NON CURRENT	X			0 00	0		0	0
3	CORPORATE BONDS-CURRENT	X			0 00	0		379,587	0
4	CORPORATE BONDS-NON CURRENT	X			0 00	0		478,147	836,520
5	Equity Securities	X			0 00	0		818,061	830,410
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 13 (990) - Investments - Program Related

Check one box to indicate how investments are listed		1,054,362	1,054,362	1,054,362
	Cost	Book value	Beginning	Ending
X	End of year market value (FMV)			
	Description		FMV	FMV
1	Investment in Subsidiary	25,000	25,000	25,000
2	Centric Health Resources, LLC Class C	1,029,362	1,029,362	1,029,362
3			0	0
4			0	0
5			0	0
6			0	0
7			0	0
8			0	0
9			0	0
10			0	0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Part X, Line 15 (990) - Other Assets

		18,580	17,105
	Description	Beginning	End
1	Deposits	6,200	6,200
2	Employee Advances	1,240	0
3	Prepaid Expenses	11,140	10,905
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part VIII (Sch D (990)) - Investments Program Related 1,054,362

	Description	Book Value	Method of Valuation
1	Investment in Subsidiary	25,000	F
2	Centric Health Resources, LLC Class C	1,029,362	F
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	