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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 cal	endar yea	r, or tax year beginning 10-0)1-2009 and ending 09-30-	-2010		D Francisco	: al aus & !	Gti
		pplicable	Please	C Name of organization Association of Latino Profession	als			D Employer	iaenti	fication number
☐ Add	dress ch	nange	use IRS label or	In Finance and Accounting (ALF Doing Business As	32-0178401 E Telephone number					
☐ Na	me cha	nge	print or type. See	Doing business As				_		
┌ Init	tal retu	rn	Specific	Number and street (or P O bo	x if mail is not delivered to street a	address) Ro	om/suite	(213) 24		
Г Теі	mınate	d	Instruc- tions.	801 S GRAND AVE No 650	. I man is not delivered to street d		om, same	G Gross recei	ots \$ 4,	900,074
	ended			City or town, state or country,	and 7IP + 4			4		
				LOS ANGELES, CA 90017	and Eli T 4					
j Api	Dication	n pending]		
				ne and address of principal (EL ESPINOZA	officer	H(is a group ret	urn fo	
				GRAND AVENUE SUITE 65		апіна	ates?		⊤Yes ▼ No	
			LOSAI	NGELES,CA 90017		Н(b) Are a	II affiliates incl	uded?	┌ Yes ┌ No
			_				If"N	o," attach a l	st (s	ee instructions)
I Ta	x-exem	npt status	✓ 501(c)) (6) ◀ (Insert no))(1) or 527	н(c) Gro	up exemption	numb	er ►
y W	ebsite	e: 🕨 WW\	N A LPFA	ORG						
K For	n of or	ganization	✓ Corporat	ion Trust Association Ot	her ▶ -		Year of fo	ormation 1972	M Sta	ate of legal domicile CA
		Sumn		, macy moderation, or						ate of legal dollinois of
			•	e organization's mission or i	most significant activities					
		ALPFA'S	MISSIO	N IS TO CREATE OPPORT	UNITIES, ADD VALUE, BUI					
2		COMMU	NITY ANI	O ITS BUSINESS PARTNER	S WHILE EXPANDING LAT	INO LEA	DERSH	IP IN THE GL	ОВАІ	WORK FORCE
€										
≣										
Governance	2	Check th	nis box 🛏	f the organization discont	inued its operations or dispo	sed of m	ore than	25% of its ne	t ass	ets
⊕ නේ	3	Number	of voting r	nembers of the governing bo	ody (Part VI, line 1a)				3	15
જૂ	4		_		governing body (Part VI, lin				_	15
Activities	5			nployees (Part V, line 2a)				-	_	22
뚩	6			olunteers (estimate if neces					_	13,766
đ					Part VIII, column (C), line 12	2			_	13,700
	1	_		ness taxable income from F		. .			76 — 7b	
	-	Wet unie	iated busi	ness taxable income nomi	omi 990-1, ime 94		Deli	or Year	, , , , , , , , , , , , , , , , , , , 	Current Year
		Contrib	utions on	d grants (Part VIII, line 1h)			PIIC	or rear	+	0
ē	8			, , ,		·			+	
ē	9	-		revenue (Part VIII, line 2g)		· •		3,223,882		4,693,210
Revent	10			ne (Part VIII, column (A), l			638	152		
	11			art VIII, column (A), lines ! dd lines 8 through 11 (must			1,259,550	+	206,712	
	12				equal Part VIII, column (A)			4,484,070		4,900,074
	13				lumn (A), lines 1-3)					0
	14	Benefit	s paid to d	or for members (Part IX, colu	ımn (A), line 4)					0
	15	Salarıe	s, other co	ompensation, employee bene	efits (Part IX, column (A), lin	nes 5-				
Expenses		10)						1,512,650	1	1,458,991
æ̃	16a	Profess	ional fund	raising fees (Part IX, colum	n (A), lıne 11e)					0
ੜੀ	ь	Total fun	draising exp	enses (Part IX, column (D), line 2	5) ▶ 0	_ L				
	17	Othere	xpenses ((Part IX, column (A), lines 1	1a-11d, 11f-24f)			3,212,865		2,754,593
	18	Total e	xpenses /	Add lines 13-17 (must equa	al Part IX, column (A), line 2	5)		4,725,515		4,213,584
	19	Revenu	e less exp	enses Subtract line 18 froi	m line 12			-241,445		686,490
ያ ቀ							Beginnin	g of Current		End of Year
Net Assets or Fund Balances							'	Year		
8 8	20			t X, line 16)				2,497,317	+	3,165,469
38	21	Total lı	abılıtıes (F	Part X, line 26)				1,624,405		1,606,067
黑道	22	Netass	ets or fun	d balances Subtract line 2:	from line 20			872,912		1,559,402
Pai	rt II	Signa	ature Blo	ock						
					ned this return, including accompar of preparer (other than officer) is					
		and belie	i, it is tide, i	correct, and complete Declaration	or preparer (other than officer) is	baseu on a	ii iiiioiiiiai	don or which pre	ратет п	as any knowledge
Sign Here		****	**				2011	-05-16		
		Signa	ture of office	er			Date	-		
		MANU.	JEL ESPINOZ	A CEO						
			or print nam							
		Preparer's	<u> </u>		Date	Check	ıf	Preparer's ide	ntıfyınd	number
Paid		signature			2011-05-16	self-		(see instruction		-
	arer's	Firm's no	Firm's name (or yours if self-employed), address, and ZIP + 4 MACIAS GINI & O'CONNELL LLP 2029 Century Park East Suite 500							
Use (ıf self-em								
200 (y	address, a							(242)	612 0200
				Los Angeles, CA 90067				Phone no 🕨	(213)	012-0200
May	the IR	S discus	s this retu	rn with the preparer shown a	bove? (see instructions) .				Ē	Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

ALPFA'S MISSION IS TO CREATE OPPORTUNITIES, ADD VALUE, BUILD RELATIONSHIPS FOR ITS MEMBERS, THE COMMUNITY AND ITS BUSINESS PARTNERS WHILE EXPANDING LATINO LEADERSHIP IN THE GLOBAL WORKFORCE

2		on undertake any significant pi O or 990-EZ?	rogram services during the year		res ▽ 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?										
4	Section 501(c)(3)	and 501(c)(4) organizations	_	largest program services by exp re required to report the amount ervice reported							
4a	(Code MAINTAINING 39 CH) (Expenses \$ APTERS IN KEY CITIES NATIONALLY	including grants of \$) (Revenue \$)						
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)						
	LEVERAGING A TOTAL FIVE YEARS	L OF OVER 16,000 MEMBERS NATION	ALLY (SURPASSED PREVIOUS GOAL OF	10,000 MEMBERS) WITH A GOAL OF 20	000 MEMBERS IN THE NEXT						
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
	HOSTING OVER 400	HOSTING OVER 400 TOTAL COMBINED ANNUAL EVENTS ACROSS CHAPTERS NATIONALLY									
4d	Other program se	ervices (Describe in Schedule	0)								
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)						
4e	Total program se	rvice expenses►\$									
					Form 990 (2009)						

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSU	. vi Keuuli	eu Stii	cuules

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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		Νο
6	Did the organization maintain any donor advised funds or any similar funds or 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)					
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o		
23	3 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J					
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 line 25	24a		N o		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
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				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
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? <i>If</i> "Yes," complete Schedule L, Part I	25a				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b				
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		No		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No		
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part					
	IV	28a		No		
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
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		N o		
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		N o		
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	Yes			
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		No		
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				
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		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			
		F	orm 990	(2009)		

	990 (2009)				Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
_		ı		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 28			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	41.			
	L.	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vendors and reportable	1c	Yes	
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 22			
ь	If at least one is reported on line 2a, did the organization file all required federal emplo				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)	this return (see	2b	Yes	
2-		the year covered by this			
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?		3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched	lule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sign	·			
	over, a financial account in a foreign country (such as a bank account, securities account)?	ount, or other financial	4a		No
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, Re	port of Foreign Bank and			
_	Financial Accounts		_		
5a 	Was the organization a party to a prohibited tax shelter transaction at any time during Did any taxable party notify the organization that it was or is a party to a prohibited ta		5a		No No
		•	5b		NO
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exe Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100 organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?	t such contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?	n and partly for goods and	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	vided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property file Form 8282?		7c		
d	1	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p				
_	benefit contract?	ľ	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person For all contributions of qualified intellectual property, did the organization file Form 88		7f		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file	·	7g		
•	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization.	nization, have excess			
_	business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		9a		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter				
		10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	шоь			
11	facilities Section 501(c)(12) organizations. Enter				
	1	l1a			
	Gross income from other sources (Do not net amounts due or paid to other sources				
	·	l1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the	126			
	year 1	140			

801 S Grand Ave Suite 650 Los Angeles, CA 90017 (213) 243-0004

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 15			
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		Νo
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	162	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		Νo
	describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, 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	Yes	
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		Νo
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	ınızatıor	n 🕨
	Association of Latino Professionals in Finance and Accounting			

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- 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, or 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 i	not compen	ffice	r, dırector, trustee	or key employee						
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Key employee Officer Institutional Trustee Individual trustee		Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

1b Total	Page 8
\$100,000 in reportable compensation from the organization \(\) \(\) \\ 3	0
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	
on line 1a? If "Yes," complete Schedule J for such individual	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	Νο
rendered to the organization? If "Yes," complete Schedule I for such person	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B)	No
\$100,000 of compensation from the organization (A) (B)	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0 Form 99	(2000)

	n 990 (2009) rt VIII Statement of Revenue				Page 9							
Part \	/1111	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				
\$ \$	1a	Federated cam	paigns 1a									
죮픚	ь	Membership du	ıes 1b									
s,g	c	Fundraising eve	ents 1c									
¥E to	d	Related organiz	zations 1d									
<u>3</u>	e	Government grant	s (contributions) 1e									
itis Sun	f	All other contribution	ons, gifts, grants, and 1f			İ						
Contributions, gifts, grants and other similar amounts	g		ibutions included in									
ğ		lines 1a-1f \$.								
ें ल	h	Total. Add lines	s 1a-1f									
e.				Business Code								
Program Service Revenue	2a	CONVENTION			2,735,892	2,735,892						
<u>22</u>	Ь .	CHAPTER SPONSO			1,428,549	1,428,549						
Š	d	MEMBERSHIP DUE NATIONAL AND RE			330,782	330,782						
Ŧ	e	NATIONAL AND RE	GIONAL		197,987	197,987						
ran	f	All other progra	am service revenue									
ြို့ •	•											
	g		s 2a-2f		4,693,210							
	3		ome (including dividen ar amounts)		152			152				
	4		stment of tax-exempt bond									
	5	Royalties										
			(ı) Real	(11) Personal								
	6a	Gross Rents										
	Ь	Less rental expenses										
	c	Rental income or (loss)										
	d	Net rental inco	me or (loss)	🛌								
			(ı) Securities	(II) O ther								
	7a	Gross amount from sales of										
		assets other than inventory										
	Ь	Less cost or other basis and										
	 c	sales expenses Gain or (loss)										
	d		ss)									
<u> </u>	8a		rom fundraising									
Other Revenue			s reported on line 1c)									
<u>;</u>			а									
ŧ	Ь		penses b									
0	c 9a		(loss) from fundraising	events F								
	94		rom gaming activities ne 19 a									
	b c		penses b (loss) from gaming acti	vities								
	10a	Gross sales of returns and allo										
	b	Less cost of a	oods sold b									
	С		(loss) from sales of inve	entory ►								
		Miscellaneou		Business Code								
	11a	ADVERTISING	S REVENUE		105,212	105,212						
	b	IN-KIND FOR	SERVICES		101,500	101,500						
	C											
	d		ue									
	e		s 11a-11d	•	206,712							
	12	Total revenue.	See Instructions .	•	4,900,074	4,899,922	0	152				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	ll other organizations must complete column (A) but are not required to		s (B), (C), and		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	353,913			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,105,078			
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	39,860			
c	Accounting	48,893			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	57,919			
L2	Advertising and promotion	34,034			
.3	Office expenses				
.4	Information technology	28,969			
.5	Royalties				
.6	Occupancy	235,837			
.7	Travel	563,740			
L 8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L 9	Conferences, conventions, and meetings	1,421,769			
20	Interest	81,943			
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,580			
23	Insurance	21,370			
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)				
а	TELEPHONE	56,153			
ь	PRINTING AND PUBLICATIO	25,261			
c	WEBSITE HOSTING	20,260			
d	EQUIPMENT RENTAL AND MA	19,762			
e	POSTAGE AND SHIPPING	16,106			
f	All other expenses	54,137			
25	Total functional expenses. Add lines 1 through 24f	4,213,584			
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				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			112,199	1	464,643
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		2,240,848	4	2,544,169	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	mployees, and				
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and				
		Schedule L		6			
Ste	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			40,039	9	4,210
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	172,125			
	ь	Less accumulated depreciation	10b	128,029	71,056	10c	44,096
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		33,175	15	108,351	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,497,317	16	3,165,469
	17	Accounts payable and accrued expenses .			845,018	17	186,051
	18	Grants payable				18	
	19	Deferred revenue		26,860	19	43,575	
	20	Tax-exempt bond liabilities			20		
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties				23	356,617
	24	Unsecured notes and loans payable to unrelated third parties .			24		
	25	Other liabilities Complete Part X of Schedule D		752,527	25	1,019,824	
	26	Total liabilities. Add lines 17 through 25	1,624,405	26	1,606,067		
-S		Organizations that follow SFAS 117, check here ► ✓ and complete the second sec	ete lin	nes 27			
걸	27	through 29, and lines 33 and 34. Unrestricted net assets		629,387	27	-410,392	
Balance	28	Temporarily restricted net assets		243,525	28	1,969,794	
8 5	29	Permanently restricted net assets		240,020	29	1,000,704	
Fund	29	Organizations that do not follow SFAS 117, check here ► □ and	d comp	olet e		29	
<u>.</u>		lines 30 through 34.	a comp	,ict c			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .	•			31	
ΑS	32	Retained earnings, endowment, accumulated income, or other fur				32	
Net	33	Total net assets or fund balances			872,912	33	1,559,402
Z	34	Total liabilities and net assets/fund balances			2.497.317	2/	3.165.469

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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As Filed Data

DLN: 93493136039621

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** Association of Latino Professionals In Finance and Accounting (ALPFA) 32-0178401 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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 for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

ar	411 Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easur	es, or O	the	r Similar	<u>Asse</u>	ts (co	ntınued
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are	a sıgnıfıca	ant us	se of its coll	ection	l	
а	Public exhibition		d	\sqcap	Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the or	ganızatıon	ı's ex	empt purpos	se in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Forr	n 990	,	
	Part IV, line 9, or reported an ar											
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions or	other ass	ets r	not	Γ,	Yes	┌ No
)	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing t	able		г	1		_		
_							-	_		A mou	ΠT	
:	Beginning balance						-	1c				
1	Additions during the year						-	1d				
•	Distributions during the year							1e				
	Ending balance						L	1f				
	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
3	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior `	Year	(c)Two	Years Back	(d)1	Three Years Ba	ck (e)	Four Ye	ears Bac
	Beginning of year balance							+				
	Contributions							 				
	Investment earnings or losses							 				
I	Grants or scholarships							<u> </u>				
:	Other expenditures for facilities and programs											
	Administrative expenses											
ı	End of year balance											
,	Provide the estimated percentage of the year	r end halance held						<u> </u>				
1	Board designated or quasi-endowment											
	•											
•	Permanent endowment 🕨											
:	Term endowment •	acion of the organiz	ation 1	+ h = + =	ara bald	d d	ministars	d for	+ h a			
	Are there endowment funds not in the posse organization by	ssion of the organiz	ationi	tiiat e	are neiu	allu au	iiiiiiis tere	u 101	liie		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations								[3a(ii)		
•	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?					3b		
	Describe in Part XIV the intended uses of th											
Ι	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, lıne	10.	1		ı	
	Description of investment				ı) Cost or sıs (ınvest		(b) Cost or basis (oth		(c) Accumu depreciat		(d) Bo	ook value
	Land											
,	Buildings											
:	Leasehold improvements											
ı	Equipment						12	9,687		85,591		44,09
e	Other						4	2,438		42,438		

44,096

Part VIII 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
Financial derivatives		Cost or end-of-year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	e Form 990, Part X, line	- 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
- (a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		1 000
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		•
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CREDIT CARD PAYABLE	211,941	
DUE TO FOUNDATION		
	91,023 300,000	
LINE OF CREDIT - BOFA		
CONVENTION	416,860	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4.040.004	
Total. (Column (D) Should equal Form 990, Part X, COI (B) line 25)	1,019,824	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,900,074
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,213,584
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	686,490
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		8	
9	Other (Describe in Part XIV)	9	
	Total adjustments (net) Add lines 4 - 8	⊢ <u> </u>	606.400
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	686,490
2011 1	Reconciliation of Revenue per Audited Financial Statements With Revenue p Total revenue, gains, and other support per audited financial statements	<u>ег к</u>	eturn
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
2			
a			
b			
C	· · · ·		
d	Other (Describe in Part XIV)	2-	
e n	· ·	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	_	
с -	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	Dotum
	Reconciliation of Expenses per Audited Financial Statements With Expenses	рег	Keturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
с	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1
Par	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		

Identifier Return Reference Explanation

additional information

Compensation Information

DLN: 93493136039621

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ociation of Latino Professionals		•	•			
In F	inance and Accounting (ALPFA)		32-0	178401			
Pa	rt I Questions Regarding Compensation	n					
				_		Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	\vdash	Housing allowance or residence for perso	onal use			
	Travel for companions		Payments for business use of personal re	esidence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fe	es			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur,	chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	-			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			,	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant		y Written employment contract Compensation survey or study				
	Form 990 of other organizations	1	Approval by the board or compensation of	ommittee			
4	During the year, did any person listed in Form 990, I or a related organization	Part VI	I, Section A , line 1a with respect to the fili	ng organization			
а	Receive a severance payment or change-of-control	paymer	nt?		4a		Νo
Ь	Participate in, or receive payment from, a supplement	ntal nor	iqualified retirement plan?	L	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	L	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Par	t III			
5	Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	-					
а	The organization?				5a		
ь	Any related organization?			Γ	5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any				
а	The organization?				6a		
ь	Any related organization?			Γ	6b		
	If "Yes," to line 6a or 6b, describe in Part III			Γ			
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			d	7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			ıbe	8		
9	If "Yes" to line 8, did the organization also follow the	e rebutt	able presumption procedure described in F	₹egulations	\neg		

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) 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-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MANUEL ESPINO ZA	(ı)	311,250		_	_ ·		353,913	0	
	(11)	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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 32-0178401

Name: Association of Latino Professionals

In Finance and Accounting (ALPFA)

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As Filed Data -

DLN: 93493136039621

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Association of Latino Professionals In Finance and Accounting (ALPFA) **Employer identification number**

32-0178401

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		FORM 990 WAS REVIEWED BY THE GOVERNING BODY AT A BOARD OF DIRECTOR'S MEETING ALONG WITH THE ORGANIZATION'S CONTROLLER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		THE CEO'S CONTRACT WAS NEGOTIATED BY THE NATIONAL PRESIDENT AT THAT TIME AND IT WAS REFLECTIVE OF THE MARKETPLACE FOR NON-PROFIT CEO's

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR VIEWING ON THE ORGANIZATION'S WEBSITE POLICIES AND FINCANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
		SCHEDULE R PART V AMOUNT INVOLVED ON TRANSACTION WITH RELATED ORGANIZATION ALPFA USED THE ACTUAL AMOUNTS PAID FOR EACH TRANSACTION CATEGORY ALPFA USED THE ACTUAL AMOUNTS PAID FOR EACH CATEGORY

(a)
Name, address, and EIN of disregarded entity

DLN: 93493136039621

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

(c)

Legal domicile (state

(d)

Total income

► Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(b)

Primary activity

Department of the Treasury Internal Revenue Service

Name of the organization Association of Latino Professionals In Finance and Accounting (ALPFA)

Employer identification number 32-0178401

Direct controlling

(e)

End-of-year assets

		or foreign country)			entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tions (Complete if the e tax year.)	e organization an	swered "Yes" on F	orm 990, Part IV,	line 34 because it had one
(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
ASSOCIATION OF LATINO PROFESSIONALS IN FINANCE AND ACCOUNTING FOUNDATION IN 801 S GRAND AVE STE 650 LOS ANGELES, CA 90017 86-1118036	GRANTING OF SCHOLARSHIPS TO QUALIFIED ACCOUNTING AND BUSINESS STUDENTS	CA	501(c)(3)	Line 9	N/A
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No 50135	5Y		Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	r entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	(h Disprop allocat	ortionate Code tions? amount i Sched		(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging	
								Yes	No			Yes	No
												+	
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

x year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity or capital contribution to other organization(s) or capital contribution from other organization(s) 1c N			
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35,	or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 During the tax year, did the orgranization 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		N
b Gift, grant, or capital contribution to other organization(s)	1b		N
c Gift, grant, or capital contribution from other organization(s)	1c		N
d Loans or loan guarantees to or for other organization(s)	1d		N
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		N
g Purchase of assets from other organization(s)	1 g		N
h Exchange of assets	1h		N
i Lease of facilities, equipment, or other assets to other organization(s)	1i		N
			▙
j Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>		N
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	$oxed{oxed}$
I Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	$ldsymbol{f eta}$
• Reimbursement paid to other organization for expenses	10		N
p Reimbursement paid by other organization for expenses	1р		N
			L
q Other transfer of cash or property to other organization(s)	<u>1q</u>		N
r Other transfer of cash or property from other organization(s)	1r		N

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	(b) Transaction type(a-r)	(c) Amount involved						
(1) ASSOCIATION OF LATINO PROFESSIONALS UN FINANCE AND ACCOUNTING FOUNDATION I	Е	91,023						
(2) ASSOCIATION OF LATINO PROFESSIONALS UN FINANCE AND ACCOUNTING FOUNDATION I	М	235,837						
(3) ASSOCIATION OF LATINO PROFESSIONALS UN FINANCE AND ACCOUNTING FOUNDATION I	N	1,458,991						
(4)								
(5)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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)		all ners ion c)(3) rations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General of managing partner?	
			Yes	No		Yes	No		Yes	N	
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Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TELEPHONE	56,153			
PRINTING AND PUBLICATIO	25,261			
WEBSITE HOSTING	20,260			
EQUIPMENT RENTAL AND MA	19,762			
POSTAGE AND SHIPPING	16,106			

Software ID: Software Version:

EIN: 32-0178401

Name: Association of Latino Professionals

In Finance and Accounting (ALPFA)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
NERELYS ORTIZ DIRECTOR - WR	2 00	х						0	0	0
ALEJANDRO ESCALANTE DIRECTOR - WR	2 00	Х						0	0	0
GABRIEL RODRIGUEZ JR DIRECTOR - NR	2 00	х						О	0	o
BRIGETTE BUSTOS DIRECTOR	2 00	Х						0	0	0
MANUEL MUNGUIA DIRECTOR - SR	2 00	Х						0	0	0
MANUEL AZUARA DIRECTOR - CR	2 00	Х						0	0	0
PATRICIA BALLESTEROS DIRECTOR - MW	2 00	Х						0	0	0
ZAMEER UPADHYA DIRECTOR - SR	2 00	Х						0	0	0
CESAR LOSTANAU DIRECTOR - MW	2 00	Х						0	0	0
KAPLAN MOBRAY DIRECTOR	2 00	Х						0	0	0
MANUEL ESPINO ZA CEO	40 00			х	x			353,913	0	0
ADRIANA ROJAS SECRETARY	2 00			х				0	0	0
HECTOR PEREZ PRESIDENT	2 00			х				0	0	0
GEORGE SANDOVAL NATIONAL SECRETARY	2 00			х				0	0	0
SUZETTE LO NGFELLO W TREA SURER	2 00			х				0	0	0
YVONNE GARCIA VICE PRESIDENT	2 00			х				0	0	0
CATHERINE GARCIA COO	40 00					х		117,159	0	0
ANA NUNEZ CORPORATE DEVELOPMENT	40 00					х		106,219	0	0