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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 private foundations)

OMB No 1545-0047 13 Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

A	or the	2013 calendar year, or tax year beginning OCT 1, 2013 and	enaing	<u>56P 30, 2014</u>	
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addre	e ALPFA INC.		_	
	Name chang			32-0	178401
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Termi ated	1	400		243-0004
	Amen			G Gross receipts \$	5,055,458.
	Applic			H(a) Is this a group r	etum
	pendi			for subordinate	
		SAME AS C ABOVE		H(b) Are all subordinates i	
$\overline{\Gamma}$	Гах-ех	empt status 501(c)(3) X 501(c) (6) (Insert no.) 4947(a)(1)	or 52	-1 ''	list (see instructions)
		te: WWW.NATIONAL.ALPFA.ORG	<u> </u>	H(c) Group exemption	,
		organization: X Corporation Trust Association Other	I Veal		M State of legal domicile: CA
	art I	Summary	1,5, 100.	TOTTOTTIALISM, EP 2 Ep	VI Ciato er regar abrillene. —
		Briefly describe the organization's mission or most significant activities TO E	MPOWRE	S AND DEVELO	P TATTNO
çe	١.	MEN AND WOMEN AS LEADERS OF CHARACTER FOR			VERY
Governance					
ern	2	Check this box if the organization discontinued its operations or disposition beautiful and the continued its operations or disposition.	sea or more	1 _	l 17
Š	3	Number of voting members of the governing body (Part VI, line 1a)	•	<u> 3</u>	16
త	1 .	Number of independent voting members of the governing body (Part VI, line 1b)		4	30
ies	E	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	450
Ϋ́		Total number of volunteers (estimate if necessary)	•	. 6	
Activities		Total unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u>	44,220.
	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
ø			<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
enu	9	Program service revenue (Part VIII, line 2g)	<u> </u>	<u>6,025,729.</u>	5,053,125.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	.	7.	2,333.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,025,736.	5,055,458.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		225,000.	25,320.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. L	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,445,898.	2,006,035.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,794,911.	3,775,922.
	ì	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	7,465,809.	5,807,277.
		Revenue less expenses Subtract line 18 from line ECEIVED	· ·	-1,440,073.	-751,819.
-S			Bé	eginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)		4,181,523.	330,989.
Asse Bal	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20.	· ·	3,379,353.	3,549,060.
Net/	22	Net assets or fund balances. Subtract line 21-from line 20		802,170.	-3,218,071.
	rt II	Signature Block OGDEN LIT		002,170	3,210,071.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	anta and to the best of m	knowledge and belief it is
					knowledge and belief, it is
nue,	correc	t, and complete. Declaration of prepare fother than officer) is based on all information of w	nch preparer	nas any knowledge.	71
		Signature of officer		1916/U	/1.
Sigr	1			Date	
Her	e ,	CHARLES P. GARCIA, CEO		 	
		Type or print name and title		Doto	
		Print/Type preparer's name Pr epa rer's signature	,	Date Check	PTIN
Paid		PATRICIA J. MAYER Patricia y	mys !	5 self-employ	
Prep	arer	Firm's name MOSS ADAMS LLP		Firm's EIN	91-0189318
Use	Only	Firm's address 4747 EXECUTIVE DRIVE	· · · · · · · · · · · · · · · · · · ·		
		SAN DIEGO, CA 92121		Phone no.85	8-627-1400
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2013) ALPFA INC.	32-0178401	Page 2
	rt III Statement of Program Service Accomplishments		
L	Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission		
1	TO EMPOWER AND DEVELOP LATINO MEN AND WOMEN AS LEADERS O	יב כעמסמכייבס	
	FOR THE NATION, IN EVERY SECTOR OF THE GLOBAL ECONOMY.	T CHARACIER	
	FOR THE NATION, IN EVERY SECTOR OF THE GLOBAL ECONOMI.		
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	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	no, the total experience, a	
4.			
4a	(Code) (Expenses \$ including grants of \$) (Reverse MAINTAINING 43 PROFESSIONAL CHAPTERS AND APPROXIMATELY 1)
	CHAPTERS IN KEY CITIES NATIONALLY. LEVERING A TOTAL 60,		
	NATIONALLY, HOSTING OVER 400 TOTAL COMBINED ANNUAL EVENT	'S ACROSS	
	CHAPTERS NATIONALLY.		
	•		
			
			
4b	(Code) (Expenses \$) (Rever	nue \$)
			
			
4c	(Code) (Expenses \$	nue \$)
			
			·
			
4d	Other program services (Describe in Schedule O)		
		١	
40			
<u>4e</u>	Total program service expenses	C	90 (2013)

			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	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		}
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,	i -		
	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, for escrow or custodial account liability; 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	Χ_	
b	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	11b		X
c	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 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		i	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	}		
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	,
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>_x</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ĺ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ļ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ł	
	complete Schedule G, Part III	19	}	_ <u>x</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			1
	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, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	1	1	l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>Ļ</u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	- 1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u></u>	L
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	1		1
	Schedule L, Part I	25b		<u>_</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ĺ		ĺ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	İ		ł
	complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	[1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)	J]	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(cV3) organizations. Did the organization make any transfers to an exampt non-charitable related organization?			

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36

37

Note. All Form 990 filers are required to complete Schedule O

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

X

Form	1 990 (2013) ALPFA INC. 32-0178	401	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	}		1
	(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 30			
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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 <u>a</u>	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	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 instructions for 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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	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		<u></u>
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 and partly for goods and services provided to the payor?	7a_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_		Ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	ļ	ł	
а	· · · · · · · · · · · · · · · · · · ·]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	ł	1	
	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	ĺ	l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	ł	ł	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	Ì	ĺ	
	organization is licensed to issue qualified health plans	ĺ	ſ	
	Enter the amount of reserves on hand			 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	146		
		Form	990 ((2013)

ALPFA INC. 32-0178401 Form 990 (2013) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Nο Yes 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? . .. 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10<u>a</u> X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a $\overline{\mathbf{x}}$ **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION - 213-243-0004

801 S. GRAND AVE, NO. 400, LOS ANGELES,

332006 10-29-13

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Form 990 (2013) ALPFA INC

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. 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, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	Бох	(C) Positi (do not check mo box, unless perso officer and a dire		ition more than one rson is both an			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MANUEL ESPINOZA	50.00							265 445		
CEO (THROUGH 6/30/2014)	 	X		X		<u> </u>	<u> </u>	367,145.	0.	0.
(2) YVONNE GARCIA	5.00								0	0
PRESIDENT/CHAIR		X	 	X		_	 	0.	0.	0.
(3) GABE RODRIGUEZ	5.00			7.7					0	
VICE PRESIDENT/CHAIR		X	_	X				0.	0.	0.
(4) HECTOR V. PEREZ IMMEDIATE PAST PRESIDENT	5.00	٠,,				}		0.	0.	_
(5) NERELYS ORTIZ	5.00	X	-			-	├-	0.	0.	0.
TREASURER	3.00	x		X				0.	0.	0.
(6) PAUL FRANCISCO	5.00	1		^		-		0.	<u> </u>	<u> </u>
ASSOCIATE DIRECTOR	3.00	x						0.	0.	0.
(7) PATRICIA BALLESTEROS	5.00	^	H	-	-	\vdash	-	0.	0.	·
DIRECTOR	3.00	x						0.	0.	0.
(8) KAPLAN MOBRAY	5.00	^		-	_			··	<u></u>	
DIRECTOR	3.00	X						0.	0.	0.
(9) DANIEL VILLAO	5.00	-	-	_			_	ļ		
SECRETARY	 3.00	x		х				0.	0.	0.
(10) AVEC O'BRIEN	5.00					Н				
DIRECTOR		\mathbf{x}						0.	0.	0.
(11) VICTOR GARCIA	5.00					\neg				
DIRECTOR		$ \mathbf{x} $						l o.l	0.	0.
(12) RUSSELL ESQUIVEL, JR.	5.00			\neg						-
DIRECTOR		х		}				0.	0.	0.
(13) ERIKA RODRIGUEZ	5.00			٦						
DIRECTOR		х		1				0.	0.	0.
(14) RICK CERDA	5.00									
DIRECTOR		х			ı			0.	0.	0.
(15) RAYNALDO GONZALEZ	5.00			\neg	$\neg \neg$					
DIRECTOR		x	,					0.	0.	0.
(16) JAVIER REYES	5.00									
DIRECTOR		x		1	[[_	0.	0.	0.
(17) JULIO C. RAMIREZ	5.00			\neg	7					
DIRECTOR		X						0.	0.	0.
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Section A. Oπicers, Directors, Trus	tees, Key Em	рюу	ees,	anc	HI	gne	ST C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than on box, unless person is both a officer and a director/truster			than is both or/trus	h an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization (W-2/1099-Mi	on d ns	com	(F) stimate nount other npensa rom th	of tion e	
	organizations below (ine)	Individual trustee	Institutional trustee	Officer	Кеу етрюуве	Highest compensated employee	Former	(W-2/1099-MISC)			an	janizat d relat anizati	ed
(18) JAVIER REYES	5.00					Γ	Ī						
DIRECTOR	F 00	X	ļ_			<u> </u>	<u> </u>	0.		<u>0.</u>	ļ		0.
(19) JULIO C. RAMIREZ DIRECTOR	5.00	X	1					0.		0.			Λ
(20) CHARLES P GARCIA	50.00	┝	 —	-	\vdash	┢╌	\vdash			<u> </u>	 		0.
CEO (STARTING 6/2/2014)	30.00	x	1	x		1		0.		0.	l		0.
(21) PAMELA RAVARE-BROWNE	50.00	厂				\vdash							
C00		<u>L</u>		Х	_			144,365.		0.			0.
(22) SANTIAGO CARMONA	50.00	1			Ì	Ĺ				_	ĺ		_
VP CORPORATE DEVELOPMENT	F0 00	<u> </u>	<u> </u>		_	X	├_	157,859.		0.	ļ		0.
(23) RADHAMES NOVA DIRECTOR - BOSTON CHAPTER	50.00	L				x	_	126,777.		0.			0.
1b Sub-total			1		_	<u></u>	▶	796,146.		0.			0.
c Total from continuation sheets to Part VI	I, Section A		•			•	•	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	796,146.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	3			
compensation from the organization							_	·				Yes	No
3 Did the organization list any former officer,	director or tri	atsı	a ka	V An	anlo	WAA	or l	highest compensated en	nnlovee on			163	140
line 1a? If "Yes," complete Schedule J for s	· ·	20100	J, NO	y Ci.	pio	ycc,	0, 1	mgmest componisated an	inployee on		3		X
4 For any individual listed on line 1a, is the su		e co	mpe	ensa	tıon	and	oth	er compensation from the	ne organization				
and related organizations greater than \$150	0,0007 If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual	-		4	_X_	
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	lual for services				
rendered to the organization? /f "Yes," com	plete Schedule	∋ <i>J f</i> ¢	or su	ich r	ers	on_					_ 5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated and		nder		ntra		re th	nat received more than \$	100 000 of com		tion fre		
the organization Report compensation for:	•								•	Jensa	LIOIT AC	2111	
(A)								(B)			(0	—-— >)	
Name and business	address	NC	NE				_	Description of se	ervices		ompe	nsatior	1
						_							
							-{						
							-						
							-						
Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	ot lin	nited	to t	hos 0		ted	above) who received mo	re than				
#100,000 or compensation from the organiz	auon					-						200 (0	010

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Га	rt VII	Check if Schedule O conf		or note to any lu	on this Part VIII			
		Officer in Generalie of Contr	Lains a response	or note to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns .	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b]			1
δ, E	С	Fundraising events	. 1c]			
ar /	d	Related organizations .	1d]			ŀ
S,E	е	Government grants (contribut	ions) 1e		1			}
r Si	f	All other contributions, gifts, gran	nts, and					
but		similar amounts not included abo	ve 1f					
d of	g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	<u>h</u>	Total. Add lines 1a-1f		<u> </u>				
				Business Code				
9	2 a				2,782,268.	2,782,268.		
ervi	þ			900099	1,724,720.	1,724,720.		<u> </u>
Sch	С			900099	262,559.	262,559.		
ran Sev	d	MEMBERSHIP DUES		900099	180,467.	180,467.		
Program Service Revenue	е	NATIONAL EVENTS		900099	58,891.	58,891.	14 000	
ď	•	All other program service reve	enue	900099	44,220.		44,220.	
		Total. Add lines 2a-2f			5,053,125.			
	3	Investment income (including	dividends, intere		2 222	j		2 222
		other similar amounts)	-	▶	2,333.			2,333.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties	(A) De-1	62 Damas at				
	۰.	Connection to the contract of	(i) Real	(ii) Personal	1			•
		Gross rents Less rental expenses			}			
		Rental income or (loss)			1			
		Net rental income or (loss)	<u> </u>	<u>'</u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
1	1 a	assets other than inventory	(i) Decumes	(ii) Outer	1	[
	h	Less cost or other basis						i
		and sales expenses						
,	c	Gain or (loss)			i i		!	
		Net gain or (loss)		•	1			
[Gross income from fundraising						
enne		including \$]			
ē.		contributions reported on line					_	
Other Rev		Part IV, line 18						
Ę.	b	Less direct expenses	 b			;		
0	С	Net income or (loss) from fund	raising events					
j		Gross income from gaming ac						
		Part IV, line 19	. а]			
ł	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities .					
[10 a	Gross sales of inventory, less	returns			ĺ		
		and allowances	. а]	1		
		Less: cost of goods sold	b	<u> </u>				
	С	Net income or (loss) from sale:	s of inventory	> _				
		Miscellaneous Revenu	e	Business Code				
[11 a							
Į	b							
	С							
	ď	All other revenue		·				
İ	е	Total. Add lines 11a-11d			F 055 450	- 000 005	44 000	2222
33300	12	Total revenue. See instructions.			5,055,458.	5,008,905.	44,220.	2,333.
332009 10-29-	13							Form 990 (2013)

Sect	tion 501(c)(3) and 501(c)(4) organizations must comi Check if Schedule O contains a respor			mplete column (A).	X
		(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		Схропоса	goneral expenses	охранов
•	organizations in the United States. See Part IV, line 21	1,000.		i i	
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	24,320.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	796,146.			
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	1,056,340.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .	95.			
10	Payroll taxes	153,454.			·
11	Fees for services (non-employees)				
а	Management	20 000			 -
b	Legal	28,990.			
С.	Accounting	30,000.			
d					
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f q					
9	column (A) amount, list line 11g expenses on Sch O.)	869,856.			
12	Advertising and promotion	1,794.			-
13	Office expenses	39,083.			
14	Information technology	30,583.			
15	Royalties				
16	Occupancy				
17	Travel	217,624.	·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	85,599.			
20	Interest	54,487.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,127.			
23	Insurance	11,315.			
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	1 110 000			
	CONVENTION EXPENSES	1,110,000.			
b	CHAPTER EXPENSES	724,356.			
C	RENT EXPENSE CREDIT CARD AND BANK CH	342,075.			
ď		105,702.			
	All other expenses Total functional expenses. Add lines 1 through 24e	5,807,277.			
<u>25</u> 26	Joint costs. Complete this line only if the organization	3,001,211			
20					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	ļ			
	Check here from if following SOP 98-2 (ASC 958-720)	-	-		
	II TOHOWING OUT 30-2 (AOU 930-120)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	124,981.	1	29,152.
	2	Savings and temporary cash investments		2	29,006.
	3	Pledges and grants receivable, net		_3	
	4	Accounts receivable, net	3,982,225.	4	177,660.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
	Ì	Part II of Schedule L		_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under			3
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
t		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		. 7	
¥	8	Inventories for sale or use	2 000	8	1 070
	9	Prepaid expenses and deferred charges	2,089.	9_	1,979.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 93,482. 10b 55,223.	14 705		20 250
	ľ		14,795.	10c	38,259.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		13	
	13	Investments - program-related See Part IV, line 11		14	
	14	Intangible assets Other assets See Part IV line 11	57,433.	15	54,933.
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	4,181,523.	16	330,989.
	17	Accounts payable and accrued expenses	434,653.	17	767,782.
	18	Grants payable		18	7,07,7,020
	19	Deferred revenue	34,650.	19	286,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ın	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	ļ	key employees, highest compensated employees, and disqualified persons			
abil		Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	17,574.	_23_	813,852.
	24	Unsecured notes and loans payable to unrelated third parties		24	1,392,872.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2,892,476.	25	288,054.
	26	Total liabilities. Add lines 17 through 25	3,379,353.	26	3,549,060.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
68		complete lines 27 through 29, and lines 33 and 34.	EEO 64E		2 650 045
anc	27	Unrestricted net assets	558,645. 243,525.	27	-3,650,845. 412,235.
Bal	28	Temporarily restricted net assets	243,323.	28	20,539.
pu	29	Permanently restricted net assets Overalisations that do not follow SEAS 117 (ASC 059) shock here.		29	20,337.
T.		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
; As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	802,170.	33	-3,218,071.
	34	Total liabilities and net assets/fund balances	4,181,523.	34	330,989.
					Form 990 (2013)

	1990 (2013) ALPFA INC.	<u> 32-0</u>	<u> 178401</u>	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,80		
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	802	2,1	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,268	3,42	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	_10	-3,218	3,07	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
				Yes	No
1	Accounting method used to prepare the Form 990.		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1		
	separate basis, consolidated basis, or both			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis]	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		1	
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis			J	
С	If "Yes" to line 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	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2	2013)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

• Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www irs gov/form990

2013

Open to Public Inspection

 Section : 	501(c) (other than section 50	01(c)(3)) organizations Complete i	Parts I-A and C below.	Do not complete Part I-B.	
 Section : 	627 organizations: Complete	e Part I-A only.			
If the organi	zation answered "Yes," to	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	ne 47 (Lobbying Activities)	, then
		have filed Form 5768 (election un			
		have NOT filed Form 5768 (election			
		Form 990, Part IV, line 5 (Proxy			
-	501(c)(4), (5), or (6) organiza		. L. N. C.	,, ,	
Name of org		tione complete are in		Emp	loyer identification number
J	ALPFA I	NC.			32-0178401
Part I-A	Complete if the ord	janization is exempt unde	r section 501(c) o	or is a section 527 or	
	expenditures	zation's direct and indirect politica	l campaign activities in	n Part IV. 	
Part I-B	Complete if the org	janization is exempt unde	r section 501(c)(3	3).	
1 Enter th	e amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
2 Enter th	e amount of any excise tax	incurred by organization manager	rs under section 4955	▶\$	
	•	n 4955 tax, did it file Form 4720 f			Yes No
	orrection made?	•	•	•	Yes No
	describe in Part IV			••	
Part I-C	Complete if the org	janization is exempt unde	r section 501(c),	except section 501(c)(3).
1 Enter th	e amount directly expended	by the filing organization for sec	tion 527 exempt functi	ion activities >\$	
		ization's funds contributed to oth	•		
	function activities		J	▶ \$	
•	• •	Add lines 1 and 2 Enter here an	d on Form 1120-POL.		
line 17b	· · ·	The meeting and a cities more an	201110111111201144	> \$	
	•	1120-POL for this year?			Yes No
	· =	nployer identification number (EIN	And all section 527 notice	 itical organizations to which	
		tion listed, enter the amount paid			
	•	omptly and directly delivered to a	• -		
	· · · · · · · · · · · · · · · · · · ·	additional space is needed, provide			
		T			(a) Amount of molitical
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			_		
			1		

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

Schedule C (Form 990 or 990-EZ) 2013

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Schedule C (Form 990 or 990-EZ) 2013	<u>ALPFA</u>	INC.				0178401	Page 2
Part II-A Complete if the org	anizatio	n is exen	npt under sectio	n 501(c)(3) and filed	d Form 5768		
(election under sec		```					
A Check 🕨 🔲 ıf the filing organiza	tion belon	gs to an affil	iated group (and list i	n Part IV each affiliated g	roup member's nam	ne, address, Elf	٧,
expenses, and shar	e of exces	s lobbying e	expenditures).				
3 Check 🕨 💹 if the filing organiza	tion check	ed box A ar	id "limited control" pr	ovisions apply		,	
Limit	s on Lobi	oying Exper	nditures		(a) Filing	(b) Affiliated	
			nts paid or incurred.	.)	organızatıon's totals	totals	•
						 	
1a Total lobbying expenditures to influ	•		·			 	
b Total lobbying expenditures to influ			y (direct lobbying)			 	
c Total lobbying expenditures (add lin		(מד ני				 	
d Other exempt purpose expenditure	•			·· ··			
e Total exempt purpose expenditures				th columns		 -	
f Lobbying nontaxable amount. Ente						 	
If the amount on line 1e, column (a) of	(D) IS:		bying nontaxable an			1	
Not over \$500,000	.000		he amount on line 1e O plus 15% of the exc				
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50				cess over \$1,000,000.			
Over \$1,500,000 but not over \$1,50			0 plus 5% of the exce				
Over \$1,000,000 But not over \$17,0	300,000	\$1,000,0		355 Over \$1,300,000.			
Over \$17,000,000		\$1,000,0	000			1	
g Grassroots nontaxable amount (en	er 25% of	line 1f)			· · · · · · · · · · · · · · · · · · ·		
h Subtract line 1g from line 1a. If zero			•	· · ·		 	
i Subtract line 1f from line 1c. If zero			• •			 	
i If there is an amount other than zer			ne 1. did the organiz	ration file Form 4720	·	<u> </u>	
reporting section 4911 tax for this y		,	.,, ., .,			Yes	No
		4-Year Ave	raging Period Under	r Section 501(h)			
(Some organiz	ations tha			n do not have to comple	ete all of the five		
co	lumns bel	low. See the	e instructions for line	es 2a through 2f on pag	e 4.)		
	Lobi	ying Expen	ditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Tot	al
(2, 1105a, your bogg 11)				<u> </u>		<u> </u>	
						1	
2a Lobbying nontaxable amount				 		<u> </u>	
b Lobbying ceiling amount				1		1	
(150% of line 2a, column(e))				ļ			
İ		!		1		1	
c Total lobbying expenditures				 		 	
d Grassroots nontaxable amount				 		 	
e Grassroots ceiling amount							
(150% of line 2d, column (e))				 		 	
						1	

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 ALPFA INC. 32-01784 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;		(k	o)
of the lobbying activity	Yes	No	Amo	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?		_		
d Mailings to members, legislators, or the public?	. []			
e Publications, or published or broadcast statements?	. [
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	tion 501(c)(5), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	_	2	Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	-	3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."				3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	litical			
expenses for which the section 527(f) tax was paid).				
a Current year		<u>2a</u>		
b Carryover from last year	-	2b_		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?		. 4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro Also, complete this part for any additional information.	up list), Part II-/	A, line 2, an	d Part II-B,	line 1.
			_	
		<u> </u>		
	0.6.4.4	0.75	200 000	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization Employer identification number 32-0178401 ALPFA INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate contributions to (during year) 2 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? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 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 Tax Year Total number of conservation easements 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 Amount 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)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051

Schedule D (Form 990) 2013

	edule D (Form 990) 2013 ALPFA I								<u>78401</u>	
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	<u>Simila</u>	r Assets	(continui	e <i>a</i>)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t are a sigr	nificant u	ise of its c	collection it	ems
	(check all that apply):									
а	Public exhibition	c		Loan or exc	change progra	ams				
b	Scholarly research	e		Other						
c	Preservation for future generations			-						
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	he organizatio	on's exem _l	ot purpo	se ın Part	XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical trea	sures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	llection?				Yes	No_
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered '	"Yes" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for o	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?							. \square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year					-	1d			
е	Distributions during the year						1e_			
f	Ending balance					_	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in P	Part XIII_				
Pa	rt V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d	1) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance				<u> </u>					
b	Contributions				ļ					
c	Net investment earnings, gains, and losses				<u> </u>					
d	Grants or scholarships	_	<u> </u>		<u> </u>					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				<u> </u>					
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a))) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	ed for the	organiza	ation	_	
	by.								Y	es No
	(i) unrelated organizations				·				3a(i)	
	(ii) related organizations							•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Sched	ule R? .	•	•			3b	
4	Describe in Part XIII the intended uses of the		wment fr	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Form 990,	Part IV,	line 11a Se	ee Form 990,	Part X, Im	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other		umulate	ed _	(d) Book v	alue
		basis (investri	nent)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			9	3,482.	!	55,22	23.	38,	<u>259.</u>
	Other			<u> </u>				_		
T-4-1	Add lines to through to Column (-1)	COO D		- (D) line 1	0/-11				ર્વ	259

Schedule D (Form 990) 2013

	Complete if the organization answered "Yes" to Form 990, Part IV	, line 11e or 11f See Form	990, Part X, line 25
1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DUE TO ALPFA FOUNDATION	288,054.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X. col. (B) line 25.)	288,054.	

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

332053 09-25-13

(3) Other

(B) (C) (D) (E) (F) (G) (H)

> (1)(2)(3) (4)(5)(6)(7)(8)

Part IX

(2)(3)(4) (5) (6) (7) (8)(9)

| Employer identification number Open to Public Inspection OMB No 1545-0047 2013 ▶ Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

ALPFA INC.							32-0178401
Part I General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the amount	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	nc
criteria used to award the grants or assistance?	ce?				,		X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monit	oring 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" to Form 990, Part IV, line 21, for any	ernments and	Organizations in the	United States, C	complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	00 Part II can	be duplicated if addition	onal space is need	pe			
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant of assistance
	Jovernment org	J ganizations listed in the line 1 table	line 1 table				
3 Enter total number of other organizations listed in the line 1 table	ted in the line 1	table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instructi	ons for Form 990.					Schedule I (Form 990) (2013)

332 101 10-29-13 ALPFA INC. Schedule I (Form 990) (2013)

Part III Grants and Othe

Page 2

32-0178401

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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
STHIDENT AID AWARDS	6 7	24 320	,		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ured in Part I, lin	2, Part III, column	(b), and any other ac	ditional information.	

PART III SCHEDULE I, FORM 990, EXPLANATION: STUDENT AID AWARDS ARE GRANTED TO ENCOURAGE STUDENTS WHO

HAVE DEMONSTRATED ACADEMIC EXCELLENCE TO CONTINUE PURSUING THEIR

THE AWARDS ARE GRANTED AFTER A REVIEW AND PROFESSIONAL CAREERS. APPROVAL PROCESS BY THE AWARDS COMMITTEE AND BY THE BOARD OF DIRECTORS

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. ➤ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number 32-0178401 ALPFA INC. **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		ľ	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		١ ,		
b	If any of the boxes on line 1a are 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	1 <u>b</u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		- 1	
	establish compensation of the CEO/Executive Director, but explain in Part III.		ľ	
	X Compensation committee Written employment contract		- 1	
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
			ĺ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		ł	
	organization or a related organization		Į	
а	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
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4¢		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		ì	
			- {	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		J	
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.		ĺ	
а	The organization?	5a		
b	Any related organization?	5b		
	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:		i	
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III		j	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	- 1	- 1	
	not described in lines 5 and 67 lf "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the)		
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	- 1	{	
	Regulations section 53.4958-6(c)?	9	1	

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) MANUEL ESPINOZA	€	367,145.	0	0	0	0	367,145.	0.
CEO (THROUGH 6/30/2014)	: <u>E</u>		0	0	0	0	0	0
(2) SANTIAGO CARMONA	Ξ	157,85	0	0	0	0	157,859.	0
VP CORPORATE DEVELOPMENT	(E)		0	0	0	0	•	0
	(i)							
	(E)							
	₽							
	Ξ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(11)							
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	9							
	Ξ							
	8							
332112							Schedi	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 ALPFA INC.	32-0178401	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	
244000	Schedule J (Form 990) 2013	990) 2013
06-13-13 26		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ALPFA INC.

Employer identification number 32-0178401

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SECTOR OF THE GLOBAL ECONOMY.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: ALPFA, INC HAS TWO CLASSES OF MEMBERS, DESIGNATED AS GENERAL
MEMBERS AND STUDENT MEMBERS. ALL MEMBERS SHALL BE NATURAL PERSONS AND,
EXCEPT FOR STUDENT MEMBERS, SHALL BE AT LEAST 18 YEARS OF AGE. GENERAL
MEMBERS SHALL HAVE THE RIGHT TO ATTEND ALL MEMBER MEETINGS AND THE RIGHT TO
VOTE, AS SET FORTH IN THESE BYLAWS, ON THE ELECTION OF DIRECTORS, AT LARGE
DIRECTORS, DISPOSITION OF ALL OR SUBSTANITALLY ALL OF THE ASSETS OF THE
ORGANIZATION, ON ANY MERGER AND ITS PRINCIPAL TERMS AND ANY MATERIAL
AMENDMENT OF THOSE TERMS, ON ANY ELECTION TO DISSOLVE THE ORGANIZATION AND
ON ALL OTHER MATTERS SUBMITTED TO A VOTE OF THE MEMBERS WHETHER OR NOT
REQUIRED BY LAW. STUDENT MEMBERS ARE ENTITLED TO VOTE FOR A STUDENT MEMBER
DIRECTOR AS LONG AS THE STUDENT MEMBER IS AT LEAST 18 YEARS OF AGE.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE ORGANIZATION'S MEMBERS ELECT ITS GOVERNING BODY. THE
VOTING MEMBERS INCLUDE THE GENERAL MEMBERS AND STUDENT MEMBERS OVER 18
YEARS OF AGE. THE CHAIRMAN, THE VICE CHAIRMAN, THE CHIEF FINANCIAL OFFICER
OR TREASURER AND THE SECRETARY ARE ELECTED TO THE BOARD BY THE GENERAL
MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: GENERAL MEMBERS SHALL HAVE THE RIGHT TO ATTEND ALL MEMBER
MEETINGS AND THE RIGHT TO VOTE, AS SET FORTH IN THESE BYLAWS, ON THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)

634996 1

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization ALPFA INC.	Page 2 Employer identification number 32-0178401
OTHER PROFESSIONAL FEES	592,143.
TEMPORARY HELP - CONTRACT	237,543.
PUBLIC RELATIONS .	40,170.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	869,856.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET CHANGES TO FUND BALANCE DUE TO COMPLETION OF GAAP AUDI	T FOR THE YEAR
ENDING 9/30/2013:	
GAAP ADJUSTMENT TO CASH	151.
GAAP ADJUSTMENT TO ACCOUNTS RECEIVABLE	-3,280,517.
GAAP ADJUSTMENT TO FIXED ASSETS	28,883.
GAAP ADJUSTMENT TO LIABILITIES	-16,939.
TOTAL TO FORM 990, PART XI, LINE 9	-3,268,422.
•	
·	·····

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2013 ટ Employer identification number 32-0178401 entity? Direct controlling Yes × entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets Public charity status (if section 501(c)(3)) <u>e</u> <u>e</u> LINE 7 Total Income Exempt Code 9 section 501(c)(3) ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) CALIFORNIA SRANTING SCHOLARSHIPS TO UALIFIED ACCOUNTING & Primary activity Primary activity SUSINESS STUDENTS For Paperwork Reduction Act Notice, see the Instructions for Form 990, INC. Name, address, and EIN (if applicable) of disregarded entity INC. - 86-1118036 ALPFA Name, address, and EIN of related organization STE 650 CA 90017 Name of the organization ALPFA FOUNDATION, 801 S. GRAND AVE, LOS ANGELES, Part II Part

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ALPFA INC. Schedule R (Form 990) 2013

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

3	General or Percentage managing ownership partner?											
9	seneral or nanaging partner?	Yes No			_				 _	F		
(1)	UBI Your L	K-1 (Form 1065)	!									
Œ	onate s?	٤										
_	Disprop	Yes	_			 _		 _				
(a)	Share of end-of-year	0000										
Œ	స్											
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)	_		-							
(p)	Direct controlling entity											
(0)	Legal domicite (state or	country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization			1								

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	<u>ق</u>	9	(e)	(J)	(6)	(h)	ε	İ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	(C corp, S corp.)	Type of entity (C corp, S corp,	Shar	of	age	Section 512(b)(13) controlled entity?	
		country)		OI itusi)		assers	1	Yes No	۔ ا
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Schedule R (Form 990) 2013 ALPFA INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				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?	with one or more rela	ated organizations listed II	Parts II-IV?	
a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				db X
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)		٠		
 Loans or loan guarantees by related organization(s) 				Je X
f Dividends from related organization(s)				*
g Sale of assets to related organization(s)				
				th X
i Exchange of assets with related organization(s)		•		
j Lease of facilities, equipment, or other assets to related organization(s)				i.
k Lease of faculties, equipment, or other assets from related organization(s)				×
	ization(s)	•	•	11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ızation(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. (s)u			1n X
 Sharing of paid employees with related organization(s) 	,			10 X
Bolimbi irramont bond to valated executation(a) for account				×
d Reimbursement paid by related organization(s) for expenses				
	•			
r Other transfer of cash or property to related organization(s)	,			1r X
s Other transfer of cash or property from related organization(s)				1s 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	no must complete thi	s line, including covered r	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) ALPFA FOUNDATION, INC	X	33,200.	ВООК	
(2)				
(3)				
(4)				
(5)				
(9)				
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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

(8)	Perc						
=	General or managing partner?						
(3)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						
E	ું જૂં <u>૦</u>				<u> </u>	 	
-				<u> </u>			
(b)	Share of end-of-year assets						
€	Share of total income						
6	Are all partners sec 501(c)(3) orgs 7					 	
_	partne 501(0rg						
(p)	t income related, om tax 512-51						
(0)	micile oreign ry)						
	- 5						
(q)	Primary activity	!					
(a) (b) (c) (d)	Name, address, and EIN of entity						

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Schedule R (Form 990) 2013 ALPFA INC. Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
Provide additional information for responses to questions on Schedule h (see instructions).	
	
	
	
	
	
	

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in the office of the Secretary of State of the State of California

2677982 CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION

NOV 1 9 2010

The undersigned certify that:

- 1. They are the president and the secretary, respectively, of ASSOCIATION OF LATINO PROFESSIONALS IN FINANCE AND ACCOUNTING, a California corporation.
- 2. Article I of the Articles of the Incorporation of this corporation is amended to read as follows:

The name of this corporation is ALPFA Inc.

- 3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
- 4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: 11/18/2010

त्राप्ताचे प्रकार के जिल्ला के जिल्ला जाता व्यक्तिक के जीवन के जान के क्ष्मीत के बेल्ला के जाता के जाता Hector Perez President

Admiana Rojas, Secretary