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EXTENDED TO AUGUST 15, 2016

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)

▶ 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.

2014
Open to Public Inspection

	AF	or the	$^{\prime}$ 2014 calendar year, or tax year beginning OCT 1 ,	2014 and	lending 💲	SEP 30	0, <u>2015</u>			
	B C	heck if	C Name of organization				loyer identifica	tion number		
		Addre								
		Name chang	Doing business as			1	32-01	78401		
		Initial return	Number and street (or P 0, box if mail is not delivered to s	treet address)	Room/suite					
		Final return	801 S. GRAND AVE.		400	<u> </u>	213-2	43-0004		
		termin ated	City or town, state or province, country, and ZIP or for	eign postal code		G Gross	receipts \$	4,784,461.		
	<u>_</u>	Ameno return Applic	LOS ANGELES, CA 30017	D 617671			this a group retu			
	L	tion pendir	F Name and address of principal officer CILATUBS	P. GARCIA		1	subordinates?	Yes X No		
				t no \		1 ''	all subordinates inclu			
			empt status 501(c)(3) X 501(c) (6) ◀ (Inser	t no.) 4947(a)(1)	or 527	1	oup exemption is	st. (see instructions)		
			organization: X Corporation Trust Association	Other >	I Year			State of legal domicile; CA		
		rt I	Summary		12.50	<u> </u>		otato or regar commente, ===		
		1	Briefly describe the organization's mission or most significar	nt activities TO E	MPOWER	AND	DEVELOP	LATINO		
	Governance		MEN AND WOMEN AS LEADERS OF CH	ARACTER FOR	R THE I	OITAN	N, IN EV	ERY		
	rna	2	Check this box 🕨 🔲 if the organization discontinued it	s operations or dispo	sed of more	than 25%	6 of its net asset	ts.		
	ove	3	Number of voting members of the governing body (Part VI, I	ne 1a)			3	13		
			Number of independent voting members of the governing be				4	13		
	Activities &		Total number of individuals employed in calendar year 2014	(Part V, line 2a)			5	20		
	tivit		Total number of volunteers (estimate if necessary)	h = - 40			6	29,569.		
	Ac		Total unrelated business revenue from Part VIII, column (C), Net unrelated business taxable income from Form 990-T, lin				7a 7b	-9,099.		
	-		Net difference business taxable income from Form 550-1, in	6 04		Prior	Year	Current Year		
		8	Contributions and grants (Part VIII, line 1h)			1 1101	0.	0.		
	une	ľ	Program service revenue (Part VIII, line 2g)	,		5,0	53,125.	4,784,461.		
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				2,333.	0.		
	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)			55,458.	4,784,461.		
			Grants and similar amounts paid (Part IX, column (A), lines 1	-3)			25,320.	3,500.		
			Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	2 04	0.	0.		
	es		Salaries, other compensation, employee benefits (Part IX, co	olumn (A), lines 5-10)	-	2,00	06,035.	1,991,428.		
\subseteq	e c		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	áš,		<u> </u>		
2040	EXC	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				75,922.	3,215,482.		
(Se)		18	Total expenses. Add lines 13-17 (must equal Part IX, column	L(A):-line 25)' [\	7		07,277.	5,210,410.		
S.		19	Revenue less expenses Subtract line 18 from line 12	CETVEL	,i \vdash		51,819.	-425,949.		
	or l			0	D Be		Current Year	End of Year		
SE	sets alan	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	2 9 2016	ズI [30,989.	186,292.		
	t As		Total liabilities (Part X, line 26)	ا <u> </u>			19,060.	3,830,312.		
SCANNED			Net assets or fund balances Subtract line 21 from line 20	THERE HIT		-3,2	18,071.	-3,644,020.		
雾		rt II		DEN.UI						
			Ities of perjury, I declare that I have examined this return, including					nowledge and belief, it is		
	true,	correc	t, and complete, Declaration of grepater (other than officer) is based	on all information of w	nich preparer	nas any ki	nowledge.	10		
99	Sigr		Signature of officer				Date 11 CA CO	100		
	Here		CHARLES P. GARCIA, CEO							
			Type or print name and title	•			·			
			Print/Type preparer's name Preparer'	s signature - M		Date ,	Check] PTIN		
	Paid		PATRICIA J. MAYER fata	icis y Ma	uson !	8/11/1	self-employed	P00188643		
	Prep		Firm's name MOSS ADAMS LLP	0 0	7		Firm's EIN	91-0189318		
	Use	Only	Firm's address 4747 EXECUTIVE DRIVE				252	COR 1100		
	<u></u> -	AL	SAN DIEGO, CA 92121				Phone no. 858	-627-1400		
			RS discuss this return with the preparer shown above? (see i					X Yes No Form 990 (2014)		
	43200	11-0	7-14 LHA For Paperwork Reduction Act Notice, see th	e sebarare instructi	U/15.			FORM 330 (2014)		

Form		32-0178 4 01	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	TO EMPOWER AND DEVELOP LATINO MEN AND WOMEN AS LEADERS OF	СПУБУСФЕВ	
		CHARACTER	
	FOR THE NATION, IN EVERY SECTOR OF THE GLOBAL ECONOMY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Vac	X No
		163	140
	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 me	asured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, ar	nd
	revenue, if any, for each program service reported.	• • •	
4a	(Code) (Expenses \$)
	MAINTAINING 43 PROFESSIONAL CHAPTERS AND APPROXIMATELY 145		
	CHAPTERS IN KEY CITIES NATIONALLY. LEVERING A TOTAL 60,00		
	NATIONALLY, HOSTING OVER 400 TOTAL COMBINED ANNUAL EVENTS	ACROSS	
	CHAPTERS NATIONALLY.		
			.
		- `	
			
		<u></u>	
4b	/6		
40	(Code) (Expenses \$) (Revenue \$	s	——·
			
		····	
			
		•	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		·	
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$	١	
40	Total program service expenses		
4e	Total program service expenses	C	90 (2014)
42200	•	Form 9	(2014)

Form 990 (2014) ALPFA, INC.
Part IV Checklist of Required Schedules

	•		res	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_		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		:	İ
	public office? If "Yes," complete Schedule C, Part I	3_		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		<u> </u>
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 98-197 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,			
	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	L	Х
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, VII, VIII, IX, or X			- }
	as applicable	<u> </u>	3	34
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	امدا		v
	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	11c		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX		х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ile		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		_X_
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,"			
_	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	9 9 0 ((2014)

ALPFA, INC. 32-0178401 Form 990 (2014) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 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 Х 23 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 lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes." Х complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

> Х Form 990 (2014)

37

X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

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?

Pại	t 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		<u>기</u>		
b		<u>]</u>	′ .	-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2	<u>식</u>		
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?	3a	X	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		-	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
0a	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	04		
-	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	,	
10	Section 501(c)(7) organizations. Enter		`.	
a	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 10b	-	*	
11	Section 501(c)(12) organizations. Enter			·
a	Gross income from members or shareholders Gross income from other sources (No not not one unto due or not to attend on a result to a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ا ۱		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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	134		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			ć
-	organization is licensed to issue qualified health plans			,
c	Enter the amount of reserves on hand	1		•
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion`A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	1		Ŕ				
	If there are material differences in voting rights among members of the governing body, or if the governing	l	k 19%					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			٠.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	<i>^</i>	;~ \$	٠ .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	١.						
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	5 6	X	X				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>						
	more members of the governing body?	7a	х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
-	persons other than the governing body?	7b	х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5						
_		٠	X					
a	The governing body? Each committee with authority to get an habelf of the governing body?	8a 8b	X					
ь	Each committee with authority to act on behalf of the governing body?	OD	Λ	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x				
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	<u> </u>		<u> </u>				
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			г				
40-	Datha annual and an Isaal abandana busanban an affiliata 2		Yes X	No				
	Did the organization have local chapters, branches, or affiliates?	10a	Α.					
В	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12 8					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c	<u>X</u>					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent			,				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	X	L				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	į						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ľ	ļ					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	^ _	\	·				
	exempt status with respect to such arrangements?	16b		<u></u>				
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are	/ailable	•					
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	SELENA BENAVIDES - 512-844-1826							
	801 S. GRAND AVE., NO. 400, LOS ANGELES, CA 90017							
432006	5 11-07-14	Form	990	(2014)				

Form 990 (2014)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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

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

(A)	(B)	(C) Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per week		ox, unless person is both an ifficer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	ğ						the	organizations	compensation
	hours for	girec				ea		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal to		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ADRIANA ROJAS GARZON	5.00								_	
DIRECTOR		Х			L	Ш		0.	0.	0.
(2) AVEC O'BRIEN	5.00								_	_
DIRECTOR		Х			<u> </u>	Щ		0.	0.	0.
(3) DAMARIS GARCIA-SCHNEIDER	5.00							_		
DIRECTOR		Х			<u> </u>	Щ	ldash	0.	0.	0.
(4) DANIEL VILLAO	5.00	_								
SECRETARY		X		X	<u> </u>	_	ļ	0.	0.	0.
(5) ELIZABETH DIEP	5.00									_
DIRECTOR		Х			ļ			0.	0.	0.
(6) GABE RODRIGUEZ	5.00									
VICE PRESIDENT/CHAIR		Х	\Box	X	\vdash	\vdash	\vdash	0.	0.	0.
(7) GENARO PEREZ, JR.	5.00	,			ŀ			•	0	•
DIRECTOR	5.00	X						0.	0.	0.
(8) HECTOR V. PEREZ IMMEDIATE PAST PRESIDENT	3.00	х			ŀ			0.	0.	0
(9) JAVIER REYES	5.00			-	 	-	 -	0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
(10) MARCELA ALDAZ-MATOS	5.00	A			 			0.	0.	
DIRECTOR	- 3.00	$ _{\mathbf{x}} $			ļ			0.	0.	- 0.
(11) NERELYS ORTIZ	5.00	Ĥ			┢╾	-			0.	<u> </u>
TREASURER	3.00	$ \mathbf{x} $		х				0.	0.	0.
(12) RAYNALDO GONZALEZ	5.00	-			┢				0.	
DIRECTOR		$ \mathbf{x} $			l			0.	0.	0.
(13) YVONNE GARCIA	5.00				-		┢			
PRESIDENT/CHAIR		x		х				0.	0.	0.
(14) CHARLES P GARCIA	50.00	-					l	, <u></u>		
CEO (STARTING 6/2/2014)				х				162,500.	0.	11,352.
(15) RADHAMES NOVA	50.00	П						•		
coo		1		х				118,600.	0.	21,014.
(16) MANNY ESPINOZA	50.00									
CEO (THROUGH 6/30/2014)		Щ			_	<u> </u>	Х	172,975.	0.	7,007.
· · · · · · · · · · · · · · · · · · ·		L_J		لـــــا	l	Ц.	Щ			F 000 /004 4

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	3.400	VC.								32-01	- / 04	FOT	P	age o
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	` (A)	(B)	ļ			C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Est	imate	∍d
	•	hours per					than o s both		compensation	compensation	n	am	ount	of
		week	offi	cer an	dad	v ecto	r/trus	ee)	from	from related		C	other	
		(list any	햠						the	organizations	3	comp	ensa	ition
		hours for	E E			l	8		organization	(W-2/1099-MIS	.C)	fro	om th	е
		related	lee o	ustee			nsat		(W-2/1099-MISC)		l	orga	ınızat	ion
		organizations	Individual trustee or director	Institutional trustee		yee	d wo					and	relat	ed
		below	id ua	ratio	a	Кеу етрюуее	est c	je				orga	nızatı	ons
		line)	휼	Inst	Officer	Key	Highest compensated employee	Former						
											$\neg \top$			
			1											
				\vdash	\vdash		\vdash				-+			
											-			
			<u> </u>			-			<u> </u>		\dashv			
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											$\neg \uparrow$			
						ŀ								
16	Sub-total	1	L	L					454,075.		0.	30	3 '	73.
									0.	· 	0.		,,,	0.
	Total from continuation sheets to Part VI	, Section A								 · · - · · · · · · · · · · · · · · · 				
	Total (add lines 1b and 1c)							<u> </u>	454,075.		0.		, 3	73.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													3
											_		Yes	No
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on			`	
	line 1a? If "Yes," complete Schedule J for s	uch individual			•	-				•	1	3	х	l
4	For any individual listed on line 1a, is the su		ല വ	mne	nsai	tion	and	oth	er compensation from the	ne organization		<u> </u>		· .
•		•							· ·	ie organization	- 1	·. I	х	11 2
_	and related organizations greater than \$150			_							-	4	^	
5	Did any person listed on line 1a receive or a							late	ed organization or individ	lual for services		-		,
	rendered to the organization? If "Yes." com	plete Schedule	Jf	or su	ich r	oers	on			 		5		Х
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	on from	m	
	the organization Report compensation for	the calendar ye	ear e	ndır	g w	ıth c	or wit	hın	the organization's tax y	ear				
	(A)								(B)			(C))	
	Name and business	address	NO	NE	3				Description of s	ervices	Co	ompen	satio	n
								_						
								-						
								-	 					
								-		1				
								_						
								コ						
								l						
2	Total number of independent contractors (ii	ncluding but a	at lin	nitor	l to t	than	ما م	I	ahove) who recoved	re than				
2			J. 1111	eC	0 1	inos (CU	above, who received mo	ne uiali				
	\$100,000 of compensation from the organic	cation 📂					<u></u>						200	
432008											F	orm 9) Dec	2014)

		Gheck if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
,	• *,•		, ,	,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
			· · · · · · · · · · · · · · · · · · ·		x x	revenue	revenue	512 - 514
ts, Grants Amounts	1 a	, ,	1a				1	
ខ្លុំ		Membership dues	1b		٠,		* ' ', '	\$ A
₽.5.		Fundraising events	1c				,	<i>)</i>
Contributions, Gifts, and Other Similar Ar		Related organizations	1d		\ \ \ \ \ .		` ` `	. ` /
S, il		Government grants (contribute	· -		'			·,
흘껆	f	All other contributions, gifts, gran	1 1		3			
喜葉		similar amounts not included abor	ve 1f				ì.	,
έğ	g	Noncash contributions included in lines	1a-1f \$. ~ ^	, · ·	, í	
<u>ू ब</u>	h	Total. Add lines 1a-1f		▶				
				Business Code			-	۰
8	2 a	CONVENTION REVE			3,276,455.			
Program Service Revenue	b				1,327,474.			
	С	MEMBERSHIP DUES		900099	77,337.			
ek a	d			900099	60,998.			
<u>6</u>	е	ADVERTISING REV	ENUE	900099	29,569.		29,569.	
اتت	f	All other program service reve	enue	900099	12,628.			
\blacksquare	g	Total. Add lines 2a-2f		<u> </u>	4,784,461.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	` 74	· (\$) \
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>				
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
			(i) Real	(iı) Personal	* /	^ (* < %} [^] /	` '	
	6 a	Gross rents				; 3¢ ·	,	
	b	Less rental expenses					. ^	
	c	Rental income or (loss)			, , , , , , , , , , , , , , , , , , ,	,		
	d	Net rental income or (loss)						
ł	7 a	Gross amount from sales of	(i) Securities	(ii) Other				,
		assets other than inventory			*		ý (· · ·	, i
	b	Less cost or other basis			·			`,
1		and sales expenses			· C CogC	,	30 13	*
	c	Gain or (loss)	L					
- 1	d	Net gain or (loss)						
اه	8 a	Gross income from fundraising	g events (not			· ¾,	•	, `;
evenue		ıncludıng \$	of		`	ì		* ,
ě		contributions reported on line	1c) See			*	×	` ?
۳		Part IV, line 18	а			*	,	,
Other Re	b	Less direct expenses	b		*	* ` `	*	` ,
ျ	С	Net income or (loss) from fund	fraising events	> _				
l	9 a	Gross income from gaming ac	tivities See			(
ŀ		Part IV, line 19	а		,			>
	b	Less direct expenses	b				4	, *
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns		^			
		and allowances	а			ì		
	b	Less cost of goods sold	b					· · · · · · · · · · · · · · · · · · ·
[С	Net income or (loss) from sale:	s of inventory					
[Miscellaneous Revenu	e	Business Code				3.
	11 a							
ŀ	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		> _	4,784,461.	4,754,892.	29,569.	0.
432009 11-07-	14							Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			omplete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			13	* ×
	and domestic governments. See Part IV, line 21	2,500.		i '	
.2	Grants and other assistance to domestic				, , , , ,
•	individuals See Part IV, line 22	1,000.		14. A. A.	· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign			,	, , , , ,
	organizations, foreign governments, and foreign				1
	individuals See Part IV, lines 15 and 16			· ·	, ,
4	Benefits paid to or for members				, ,
5	Compensation of current officers, directors,				
	trustees, and key employees	509,300.			
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	1,317,737.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,047.			
9	Other employee benefits				
10	Payroll taxes	152,344.			
11	Fees for services (non-employees)				
а	Management	1 860			
b	Legal	1,762.			
С	Accounting	80,214.			
d	, ,		**		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			 	
g	, -	407 225			
	column (A) amount, list line 11g expenses on Sch O.)	407,235. 12,565.			
12	Advertising and promotion	59,507.			
13	Office expenses	28,781.			
14	Information technology Royalties	20,701.			
15 16	Occupancy	279,023.			
17	Travel	101,099.			
18	Payments of travel or entertainment expenses	20270331			
13	for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings	27,826.		 	† · · · · · · · · · · · · · · · · · · ·
20	Interest	49,856.	 	1	
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	18,696.			
23	Insurance	14,971.			
24	Other expenses. Itemize expenses not covered		у ′		,
	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 0.)	*		<u> </u>	
а	CONVENTION EXPENSES	1,644,715.			
b	CHAPTER EXPENSES	348,139.			
С		64,790.			
d	MEMBERSHIP DUES	13,338.		1	
e	All other expenses	62,965.			
25_	Total functional expenses. Add lines 1 through 24e	5,210,410.		<u> </u>	
26	Joint costs. Complete this line only if the organization			1	1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				<u> </u>

Pa	rt X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·			
		Check if Schedule O contains a response or not	e to any	line in this Part X	-		
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			29,152.	1	100,964.
	2	Savings and temporary cash investments		•	29,006.	2	0.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			177,660.	4	37,597
	5	Loans and other receivables from current and fo	rmer offi	cers, directors,	4	/	1837 188
		trustees, key employees, and highest compensa	ated emp	oloyees Complete			* '
		Part II of Schedule L			, ,	5]
	6	Loans and other receivables from other disqualif	fied pers	ons (as defined under		.*	1
		section 4958(f)(1)), persons described in section	4958(c)((3)(B), and contributing		<u> </u>	\$ \text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\$\fi
		employers and sponsoring organizations of secti	ion 501(c)(9) voluntary	*		
y,		employees' beneficiary organizations (see instr)	Complet	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,979.	9	0
	10a	Land, buildings, and equipment cost or other]]			4.	
		basis. Complete Part VI of Schedule D	10a	94,490. 73,918.			
	b	Less accumulated depreciation	10b	73,918.	38,259.	10c	20,572
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	11			12	
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			54,933.	15	27,159
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	330,989.	16	186,292
	17	Accounts payable and accrued expenses	767,782.	17	1,622,219		
	18	Grants payable				18	
1	19	Deferred revenue			286,500.	19	323,600
	20	Tax-exempt bond liabilities		`		20	
	21	Escrow or custodial account liability Complete F	Part IV of	f Schedule D		21	
S	22	Loans and other payables to current and former	officers,	directors, trustees,	**		KA VY CAN
ij∃		key employees, highest compensated employee	s, and d	squalified persons		•	
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ited third	l parties	813,852.	23	697,947.
	24	Unsecured notes and loans payable to unrelated	d third pa	arties	1,392,872.	24	1,097,701.
	25	Other liabilities (including federal income tax, pay	yables to	related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D			288,054.	25	88,845.
_	26	Total liabilities. Add lines 17 through 25			3,549,060.	26	3,830,312.
		Organizations that follow SFAS 117 (ASC 958)), check	here ▶ X and	* *		,
S		complete lines 27 through 29, and lines 33 and	d 34.		مسيميني لأمير	4	
١٤	27	Unrestricted net assets	-		-3,650,845.	27	-4,076,821.
퓛	28	Temporarily restricted net assets			412,235.	28	412,262.
틸	29	Permanently restricted net assets			20,539.	29	20,539.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	SC 958),	, check here 🕨 🔲	,		
5		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or eq				31	
اق	32	Retained earnings, endowment, accumulated inc	come, or	other funds		32	
۷	33	Total net assets or fund balances			-3,218,071.	33	-3,644,020.
	34	Total liabilities and net assets/fund balances			330,989.	34	186,292.

Form **990** (2014)

	1990 (2014) ALPFA, INC.	32-	-01784	:01	Pag	լе 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	784	,46	<u>i1.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3		425		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,	218	, 07	<u>/1.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		644	, 02	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u> </u>		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_	^ **	× .
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	·			`
	separate basis, consolidated basis, or both		1		* 4	\widety
	Separate basis Consolidated basis Both consolidated and separate basis				. '	· .
b	Were the organization's financial statements audited by an independent accountant?		Ļ	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		•	· ,	24
	consolidated basis, or both		l		- 1	٠,
	Separate basis X Consolidated basis Both consolidated and separate basis					3 b
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			2	
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		1	1	× ,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	int [_	.	£
	Act and OMB Circular A-133?		L	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	rt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm 9	990 (2	2014)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	•	narate instructions), then	ione Complete Part III			
		01(c)(4), (5), or (6) organizat nization	ions. Complete Part III		Emp	loyer identification number
		ALPFA,	INC			32-0178401
Part	I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2 F		expenditures	ation's direct and indirect politic	al campaign activities i		S
Part	l I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
1 E	nter the		incurred by the organization und			S
		•	incurred by organization manage		▶\$	
3 lf	f the org	anization incurred a sectio		Yes No		
4a V	Vas a co	orrection made?				Yes No
b lf	f "Yes,"	describe in Part IV.				
Parl	t I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	:)(3).
1 6	nter the	amount directly expended	by the filing organization for sec	ction 527 exempt funct	ion activities	S
2 E	nter the	amount of the filing organ	zation's funds contributed to ot	her organizations for se	ection 527	
е	exempt	function activities			▶ \$	S
3 T	otal ex	empt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL,		
h	ne 17b				▶\$	S
4 C	old the f	ılıng organızatıon file Form	1120-POL for this year?			Yes No
n	nade pa ontribu	yments For each organizations received that were pro	nployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	d from the filing organize separate political orga	cation's funds Also enter the anization, such as a separat	e amount of political
		(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-

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the org	ALPFA, INC.	mpt under section	501(c)(3) and file	32-0 ed Form 5768 (ele	178401 Page 2
section 501(h)).		ript and oction	, 00 (0)(0) and me	.a. r. a. m. a. r. a	
	tion belongs to an affi	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN.
,	e of excess lobbying			3	-,,,
' ·	, ,	nd "limited control" pro	visions apply		
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ		,		··	
c Total lobbying expenditures (add lii	-	-, (g,			
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditure:		!)			
f Lobbying nontaxable amount. Ente			n columns		
If the amount on line 1e, column (a) o		bying nontaxable am		~	vy , 'A
Not over \$500,000		the amount on line 1e.			٠ ٠ ٠ ٠
Over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500,000	`&	2 . 4 . 3
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces		· ,	311198
Over \$17,000,000	\$1,000		,		, , , , , , , , , , , , , , , , , , ,
0.0. 417,000,000	4. ,000,	-		, ;	
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	•				
i Subtract line 1f from line 1c If zero					
j If there is an amount other than zei	•	line 1i, did the organiza	ition file Form 4720		<u> </u>
reporting section 4911 tax for this		.		Γ	Yes No
(Some organizations th	nat made a section 5 See the separ	ate instructions for lir	nave to complete all c nes 2a through 2f.)	of the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	× *			·	
(150% of line 2a, column(e))		· · · · · · · · · · · · · · · · · · ·	**,	*	
c Total lobbying expenditures				······	
d Grassroots nontaxable amount					
e Grassroots ceiling amount	· ·	,		· •	
(150% of line 2d, column (e))					
•					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	3)		(b)
of the	e lobbying activity	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or			527	\$ * * * * * * * * * * * * * * * * * * *
	local legislation, including any attempt to influence public opinion on a legislative matter				,, , , ,
	or referendum, through the use of	*/	\$	**	·
а	Volunteers?	/ .	, , , ,		,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1 .	
c	Media advertisements?			†	
ď	Mailings to members, legislators, or the public?			 	
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	 		 	
g				 	
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			1	
i	Other activities?			 	
	Total. Add lines 1c through 1i	Ži,		1	
30	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			+	/ \
	If "Yes," enter the amount of any tax incurred under section 4912	-		+	
	•	** , 3 ×			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u> </u>	*	+	, ,
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), s	on 501/c)/	5) or se	ction	<u> </u>
r ai	501(c)(6).),(J)	o), or se	Ction	
	301(0)(0).			T V	T Ma
				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	X	 ,,
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), secti	E01(a\//	3		X
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		0 2 io
	answered "Yes."	NO, OR	(b) Pari	. III-A, IIII	e 3, 15
				T	
1	Dues, assessments and similar amounts from members		1	+	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai	,	1	
	expenses for which the section 527(f) tax was paid).				
	Current year		2a	 	
	Carryover from last year		2b	+	
C			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 ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	·	.]	
	expenditure next year?		4	 	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II-	A, lines 1	and 2 (see	
ınstru	ictions), and Part II-B, line 1. Also, complete this part for any additional information				
					-
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Supplemental Final Clair State

OMB No 1545-0047

Nam	e of the organization ALPFA, INC.	•	Employer identification number 32-0178401
Par		d Funds or Other Similar Funds or Ac	
T di			Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(b) Funds and other accounts
_	Tabel as such as about of a sec	(a) Bonor advised idilds	b) I dilas and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in v	_	
_	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	• •	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confern	
Pai	impermissible private benefit?		Yes No
			line /
1	Purpose(s) of conservation easements held by the organization	randi i i randi i i randi i i randi i i randi i i randi i i randi i randi i randi i randi i randi i randi i ra	
	Preservation of land for public use (e g , recreation or e	· — ·	•
	Protection of natural habitat	Preservation of a certified hi	storic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a coi	nservation easement on the last
	day of the tax year.		
	T. I		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	at a scalated at A	2b
C	Number of conservation easements on a certified historic stru	· •	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/1 //06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organi	zation during the tax
	year >	annanda la adad N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	<u> </u>	
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and e	-	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)(4)(B)	" — —
_	and section 170(h)(4)(B)(i)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	·	•
	include, if applicable, the text of the footnote to the organization	ion's imancial statements that describes the orga	anization's accounting for
Par	conservation easements t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other S	imilar Assets
	Complete if the organization answered "Yes" to Form		-
1a	If the organization elected, as permitted under SFAS 116 (AS		d halance sheet works of art
	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that describ	· · · · · · · · · · · · · · · · · · ·	
b	If the organization elected, as permitted under SFAS 116 (AS		lance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		·
	relating to these items		, provide and following directing
	(i) Revenue 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 trea	asures, or other similar assets for financial dain.	provide
_	the following amounts required to be reported under SFAS 1:		
а	Revenue included in Form 990, Part VIII, line 1	. T v . T T DODY , Oldering to those from to	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
~			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2014

432051 10-01-14

	dule D (Form 990) 2014 ALPFA,					32-01	78401	Page 2
Pai	t III Organizations Maintaining C							
3	Using the organization's acquisition, access	on, and other record	s, check any of the f	following that are a s	significant	use of its o	collection i	tems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
þ	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's continuous					ose in Part	XIII.	
5	During the year, did the organization solicit of				ır assets			
	to be sold to raise funds rather than to be m						Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" to	Form 99	0, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21				 		
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for contributions	s or other assets not	included		_	
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table					
							Amount	
C	Beginning balance				1c	ļ <u></u>		
d	Additions during the year				1d	ļ		
е	Distributions during the year				1e	ļ	<u>-</u> -	<u> </u>
f	Ending balance				1f	<u> </u>		
2a	Did the organization include an amount on F				ılıty?	L	_ Yes	U No
	If "Yes," explain the arrangement in Part XIII							
Pai	t V Endowment Funds. Complete						,	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
la	Beginning of year balance	29,006.	26,703.	31,067.	ļ	28,979.	<u> </u>	0.
b	Contributions		2 053	0.450				28,979.
С.	Net investment earnings, gains, and losses		2,953.	2,458.		2,088.	<u></u>	
d	Grants or scholarships				 -			
е	Other expenditures for facilities							
	and programs	1 047	CEA	6 000	 			
f	Administrative expenses	1,847.	650.	6,822.		21 067	 	
g	End of year balance	27,159.	29,006.	26,703.	L	31,067.	L	28,979.
2	Provide the estimated percentage of the curr) held as				
a	Board designated or quasi-endowment ► Permanent endowment ► 75.63		_%					
		4.3 7 %						
C								
20	The percentages in lines 2a, 2b, and 2c show Are there endowment funds not in the posse	•	tion that are hold am	d administration of fault	.			
Ja	by	ssion of the organiza	uon mat are neid an	a administered for t	ne organiz	ation	Γ.	, 1,,
	(i) unrelated organizations						$\overline{}$	Yes No
	(ii) related organizations					1	3a(i)	$\frac{\lambda}{x}$
h	If "Yes" to 3a(ii), are the related organizations	s listed as required or	Schedule R2				3a(ii) 3b	- ^-
4	Describe in Part XIII the intended uses of the						[30]	
	t VI Land, Buildings, and Equipm		WINCHE IGNOS				_	
	Complete if the organization answere		Part IV. line 11a. Se	ē Form 990. Part ¥	line 10			
	Description of property	(a) Cost or of			Accumulat	ed	(d) Book	value
	=priori or proporty	basis (investm	1 ''	, , ,	epreciation	l l	(a) DOOK	+ai0€
1a	Land	, , , , , , , , , , , , , , , , , , ,		, ,	2			
	Buildings	 			·			
	Leasehold improvements				-			
	Equipment		9	4,490.	73,9	18.	20	,572.
	Other				- , -			<u>, </u>
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part)	K. column (B). line 10	Oc.)_		•	20	,572.

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 ALPFA, INC.		32-0178401 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recovenes of prior year grants	2c	~^
d	Other (Describe in Part XIII.)	2d	~ .
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	[
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<u></u> <u>-</u> -′
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pai	T XII Reconciliation of Expenses per Audited Financial Sta	-	nses per Heturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.	
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	1 - 1	1
а	Donated services and use of facilities	2a	
b	Prior year adjustments	_2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	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	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	3.)	
Ц	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4		Part V, line 4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional information	
		 	
FOI	RM 990, PART IV, LINE 11 F		
101	di 550, TAKI IV, DING II I		
тні	ASSOCIATION HAS EVALUATED THE CONSOLI	DATED FINANCIA	AL STATEMENT IMPACT
	I MODOCIMITON MILD HYMDOMIED THE COMBOLIE	ZIIID I IIVINCII	DITTIBILITY INTINCT
OF	TAX POSITIONS TAKEN OR EXPECTED TO BE T	TAKEN IN ITS T	TAX RETURNS.
<u> </u>			
MAI	NAGEMENT HAS DETERMINED THAT NO TAX LIA	BILITIES NEED	TO BE RECORDED
UNI	DER APPLICABLE ACCOUNTING GUIDANCE FOR T	THE YEAR ENDEI	SEPTEMBER 30, 2015
ANI	2014.		
	······································		

SCHEDULE J (Form 990)

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALPFA, INC.

Part I Questions Regarding Compensation

Employer identification number 32-0178401

			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,	<	, <i>ž</i> .	1×,
	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	,	4 ⁵ ,	
	Travel for companions Payments for business use of personal residence			φ,, ^r
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		. 3%	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1	# Mile	,
				, ,
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		4	'-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_		, 5	· ·	
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			l`
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			, `
	Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee			
	X Form 990 of other organizations X Approval by the board or compensation committee	*		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	,		-
*	organization or a related organization	2 3		
2	Receive a severance payment or change-of-control payment?	4a	. `	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	The foot to daily of minor to of, more the personal date approache amounted to confirm the date in	3830	` (^
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	, ,~ ,>	,	- 14
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	3,	W.	7 8
	contingent on the revenues of		33.	, Si
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			
а	The organization?	6a		L
- b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III	× 8 s		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	``		
	not described in lines 5 and 6? If "Yes," describe in Part III	7	L	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	. `	· .	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	L	ļ
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	L	Ĺ

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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

Schedule J (Form 990) 2014

432113 10-13-14

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Employer identification number

ALPFA, INC. 32-01/840	<u> </u>
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SECTOR OF THE GLOBAL ECONOMY.	
FORM 990, PART VI, SECTION A, LINE 6:	
ALPFA, INC HAS TWO CLASSES OF MEMBERS, DESIGNATED AS GENERAL MEMBERS	AND
STUDENT MEMBERS. ALL MEMBERS SHALL BE NATURAL PERSONS AND, EXCEPT FOR	<u> </u>
STUDENT MEMBERS, SHALL BE AT LEAST 18 YEARS OF AGE. GENERAL MEMBERS S	HALL
HAVE THE RIGHT TO ATTEND ALL MEMBER MEETINGS AND THE RIGHT TO VOTE, A	S SET
FORTH IN THESE BYLAWS, ON THE ELECTION OF DIRECTORS, AT LARGE DIRECTOR	ORS,
DISPOSITION OF ALL OR SUBSTANITALLY ALL OF THE ASSETS OF THE ORGANIZA	TION,
ON ANY MERGER AND ITS PRINCIPAL TERMS AND ANY MATERIAL AMENDMENT OF T	HOSE
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:	
THE ORGANIZATION'S MEMBERS ELECT ITS GOVERNING BODY. THE VOTING MEMBERS	ERS
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:	
GENERAL MEMBERS SHALL HAVE THE RIGHT TO ATTEND ALL MEMBER MEETINGS AN	D THE
RIGHT TO VOTE, AS SET FORTH IN THESE BYLAWS, ON THE ELECTION OF DIREC	TORS,
AT LARGE DIRECTORS, DISPOSITION OF ALL OR SUBSTANITALLY ALL OF THE AS	

432211 08-27-14

SCHEDULE R (Form 990)

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

2014

OMB No 1545-0047

► Attach to Form 990.

Open' to Public Inspection

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

Employer identification number 32-0178401

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

ALPFA, INC.

Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	_				
Part II 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	tions Complete if the organization and	swered "Yes" on Form 990, Part	IV, line 34 because	it had one or more re	lated tax-exempt

							1
	(a)	(2)	(g	(0)	£	(6)	
	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 512(b)(13)	(Er Xd)
-		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	°N
ALPFA FOUNDATION, INC 86-1118036	GRANTING SCHOLARSHIPS TO						
	QUALIFIED ACCOUNTING &						
	BUSINESS STUDENTS	CALIFORNIA	501(C)(3)	LINE 7		×	

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

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INC. ALPFA,

Part III · 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 Schedule R (Form 990) 2014

General or Percentage managing ownership € Code V-UBI General of Paneout in box managing c 20 of Schedule K-1 (Form 1065) Yes No Disproportionate Yes No allocations? Ξ (g) Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

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

		13)	} [≥	Ŷ									
Ì	Ų	512(b)(13)	ent.	Yes								-	
	£	Percentage	di isia iwo										
	(6)	Share of	assets										
	Œ	Share of total	D										
	(e)	Type of entity	or trust)							•			
	(g)	Direct controlling	entity										
	<u>(0</u>	Legal domicile	foreign	country)									
וויט מיי ומי אינים	(q)	Primary activity											
מיים של אמיי של של של של של של של של של של של של של	(a)	Name, address, and EIN	O Gardo Organization										

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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?	s with one or more re	lated organizations listed i	n 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)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Y Y
e Loans or loan guarantees by related organization(s)				×
				H
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				
r Exchange of assets with related organization(s)				i-
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				* X
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			┝
 Sharing of paid employees with related organization(s) 				Н
				T _p X
 Reimbursement paid by related organization(s) for expenses 				1g X
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	ho must complete th	is line, including covered r	elationships and transaction thresholds	
(a) Name of related organizatión	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved
(1) ALPFA FOUNDATION, INC	я	88,845.	CASH	
(2)				
(3)				
(4)				
(5)				
(9)				
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Schedule R (Form 990) 2014 ALPFA, INC.

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)	Structions legaloning exclusion		Sament partiers in ps.		9	[2]	1		3	
(a) Name address and FIN	(b)	(c)	(a) Predominant income	(c)	Share of	(g) Share of	Disproper-	(1) Code V-1181	(f)	(K)
of entity		(state or foreign	(related, unrelated, excluded from tax und	501(c)(3) er orgs?	total	end-of-year	tionate allocations?	amount in box 20 of Schedule K-1	managin partner?	ownership
			Sections 312-314) Ye	Ves No			Yes	(FORTH 1055)	Yes	
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