Form **990**

Department of the Tubasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	ne 2017 calendar year, or tax year beginning and	dending		
В	Check a	C Name of organization		D Employer identif	ication number
	Add	ge LALPEA, INC.			
L	Nam char	ge Doing business as	·	32-0	178401
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	-	
	Fina retur	W GOI S. GRAND AVE.	400	855-	<u>-692-5732</u>
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,103,398.
	retur			H(a) Is this a group i	return
	Appl	F Name and address of principal officer DAMILAN RIVERA		for subordinate	s? Yes X No
_	pend	SAME AS C ABOVE	<u> </u>	H(b) Are all subordinates	ıncluded? Yes No
	Tax-e	cempt status 501(c)(3) X 501(c) (6) (Insert no) 4947(a)(1)	or 🚺 5	If "No," attach a	a list. (see instructions)
		ite: ► WWW.ALPFA.ORG	1	H(c) Group exempte	on number
		of organization. X Corporation Trust Association Other	L Ye	ar of formation: 1972	M State of legal domicile: CA
LP	art I	Summary	18		
	. 1 1	Briefly describe the organization's mission or most significant activities TO E	MPOWE	R AND DEVELO	P LATINO
Governance		MEN AND WOMEN AS LEADERS OF CHARACTER FOR	THE	NATION, IN E	EVERY
Š	2	Check this box If the organization discontinued its operations or dispo	<u>s</u> ed of mo	re than 25% of its net as	sets
9	3	Number of voting members of the governing body (Part VI, line 1a)	CEN	VED 3	13
		Number of independent voting members of the governing body (Part VI) ne 1b)		70 4	13
Q.	5 5	Total number of individuals employed in calendar year 2017 (Part V, 108 2a) NO	V Q 5	2018 5	21
į	6	Total number of volunteers (estimate if necessary)		2018 6	13
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	L t	Net unrelated business taxable income from Form 990-T, line 34	DEN	[]T 7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	Γ	0.	0.
ž	9	Program service revenue (Part VIII, line 2g)	Γ	4,952,147.	5,103,398.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Γ	-14,592.	0.
ď	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)		4,937,555.	5,103,398.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,100.	1,556.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
u	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,069,712.	2,082,333.
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĕ	b	Total fundraising expenses (Part IX, column (D), line 25)	0. [
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,072,764.	2,263,932.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,155,576.	4,347,821.
	19	Revenue less expenses Subtract line 18 from line 12		781,979.	755,577.
5	4			Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		134,684.	332,590.
Net Assets	21	Total liabilities (Part X, line 26)		3,689,485.	3,129,984.
Set :	22	Net assets or fund balances Subtract line 21 from line 20		-3,554,801.	-2,797,394.
P	art II	Signature Block			
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and state	ments, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			,
	·	Namer Kivera		10/25	18
Sıg	n	Signature of officer		Date	<u></u>
He		DAMIAN RIVERA, CEO			
		Type or print name and title		·	
_		Print/Type preparer's name Preparer's signature		Date , Check	PTIN
Pai	1	PATRICIA J. MAYER Patrician Manye	21	10/12/18 If self-employ	P00188643
	parer	Firm's name MOSS ADAMS LLP		Firm's EIN	91-0189318
	Only	Firm's address 4747 EXECUTIVE DRIVE		THE PERSON NAMED IN	
_	•	SAN DIEGO, CA 92121		Phone no 85	8-627-1400
Ma	the I	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110.00	X Yes No
	01 11-2		ons.	· ·	Form 990 (2017)
					· · · · · · · · · · · · · · · · · ·

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<u>Forn</u>	n 990 (2017) ALPFA, INC.	32-017840 <u>1</u>	Page 2
Pa	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	F CHARACTER	
	FOR THE NATION, IN EVERY SECTOR OF THE GLOBAL ECONOMY.		
	<u> </u>		· •
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		□vaa	X No
	prior Form 990 or 990-EZ?	Yes	MO
_	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 it		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$) (Revenue)	.e.\$)
	MAINTAINING 43 PROFESSIONAL CHAPTERS AND APPROXIMATELY 1:	20 STUDENT	
	CHAPTERS IN KEY CITIES NATIONALLY. LEVERAGING A TOTAL 6	0,000 MEMBER	S
	NATIONALLY, HOSTING OVER 400 TOTAL COMBINED ANNUAL EVENTS		
	CHAPTERS NATIONALLY.		
		······································	
4b	(Code) (Expenses \$) (Revenue	ıe \$)
		-	
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe\$)
			
			
		 	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		
		Form 9	90 (2017)

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ALPFA, INC. Form 990 (2017)

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Checklist of	of Required	Schedules

L-A-				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	1	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	_U	
_	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	١.		₩
_	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,	١.,		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١.		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		1
9	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		х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
ь	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 167 If "Yes," complete Schedule D, Part VII	11b		х
С	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 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			
	Schedule D, Parts XI and XII	12a		<u> </u>
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	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			v
45	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	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>'</u>		
"	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			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		X
			990 (

Rart IV Checklist of Required Schedules	(continued)
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	,		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 12 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
~~		22		x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			 -
23				ŀ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	┝
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
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			ļ
	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? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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		Х
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	Х	
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	~		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	110000 military and required to complete controlled of	Form	_	2017
		. 0/111	(

Form 990 (2017)

Form 990 (2017) ALPFA, INC.

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
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					<u> </u>
<u> </u>	tion A. doverning body and management				Yes	No
1-	Enter the number of voting members of the governing body at the end of the tax year	1a	13	1	163	140
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	10	<u> </u>	4	1	,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				1	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	ı		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
_	officer, director, trustee, or key employee?	******	arry Garlor	2		$\overline{\mathbf{x}}$
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision		<u> </u>	
	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 95	30 was	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint o	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckho	ders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed a	the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)			
		ı			Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters	affiliates,			
	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	befor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			10		$\frac{1}{x}$
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	4	l.ataO	12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to be a reconstruction as a supplying a supplying the control of the			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es, " de	escribe	12c		
13	In Schedule O how this was done Did the organization have a written whistleblower policy?			13		<u>x</u>
14	Did the organization have a written document retention and destruction policy?	•		14		$\frac{x}{x}$
15	Did the process for determining compensation of the following persons include a review and approval	hy inc	lenendent	'-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		icpondon.			- 1
а	The organization's CEO, Executive Director, or top management official			15a	$\overline{\mathbf{x}}$	
	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)		•			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a			ı
	taxable entity during the year?			16a		$\overline{\mathbf{x}}$
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its pa	articipation	-		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	zation	s	1		
	exempt status with respect to such arrangements?			16b	,	
Sect	ion 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	on 501(c)(3)s only) a	vailable	•	
,	for public inspection. Indicate how you made these available. Check all that apply					
	X Own website Another's website X Upon request Other (explain)	n Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	lict 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 book	s and	records			
	SELENE BENAVIDES - 512-844-1826					
	801 S. GRAND AVE., NO. 400, LOS ANGELES, CA 90017				000	
32006	11-28-17			Form	990	2017)

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

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

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

(A) Name and Title	(B) Average hours per	Ьох	not c	Pos heck i ss per	more son i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
1	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer a		Highest compensated 4		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAMARIS GARCIA-SCHNEIDER	5.00									•
SECRETARY		X		X		<u> </u>		0.	0.	0.
(2) DANIEL J. YIP	5.00					l			•	
DIRECTOR	F 00	X					_	0.	0.	0.
(3) DANIEL VILLAO	5.00								•	
VICE PRESIDENT/CHAIR	F 00	X	\vdash	X		<u> </u>		0.	0.	0.
(4) ELIZABETH DIEP	5.00								0	
DIRECTOR	F 00	X	\vdash	-i	_	\vdash	_	0.	0.	0.
(5) GABRIEL RODRIGUEZ, JR.	5.00	٠,,		,,					•	•
TREASURER	F 00	Х		Х				0.	0.	0.
(6) GENARO PEREZ, JR.	5.00	x						0.	0.	^
TIRECTOR (7) HECTOR V. PEREZ	5.00	Α.					_	0.	0.	0.
	3.00	X		x				0.	0.	0.
IMMEDIATE PAST PRESIDENT/CHAIR (8) IXCHELL DUARTE	5.00	^		_				0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
(9) JOSUEL PLASENCIA	5.00	^	-	\vdash				0.	0.	0.
STUDENT DIRECTOR	3.00	x						0.	0.	0.
(10) MARCELA ALDAZ-MATOS	5.00	^	-					0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
(11) NERELYS ORTIZ	5.00	Λ								0.
DIRECTOR	3.00	х						0.	0.	0.
(12) RAYNALDO GONZALEZ	5.00	-							•	•
DIRECTOR	3.00	x						٥.ا	0.	0.
(13) TRACY LAFLAMME ORTEGA	5.00									<u> </u>
DIRECTOR		x						0.	0.	0.
(14) YVONNE GARCIA	5.00	-								
PRESIDENT/CHAIR		x		x				0.	0.	0.
(15) CHARLES P GARCIA	50.00									
CEO				\mathbf{x}				293,394.	0.	27,591.
(16) ARLENE DELGADO	40.00								-	
CHIEF OF STAFF/GENERAL COUNSEL						х		107,257.	0.	11,852.
(17) JULIO CARBONELL	40.00									-
CHIEF TECHNOLOGY OFFICER						х		120,661.	0.	223.
732007 11-28-17	<u> </u>								· · · · · · · · · · · · · · · · · · ·	Form 990 (2017)

732007 11-28-17

Form **990** (2017)

722000	11 20	47

Name and title	tle (B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)		n 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	Кву етрюуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) LUIS VARGAS	40.00									
CHIEF MARKETING OFFICER	40.00		├—			X	\vdash	113,277.	0	26,137.
(19) MIGDALIA DIAZ	40.00					x		118,617.	0	9,134.
COO (20) VERNA GREER	40.00				-	┢	\vdash	110,017.	0	3,134.
SVP OF CORPORATE DEVELOPMENT	40.00					х		145,551.	0	9,515.
									``	
					_					ļ
1b Sub-total					<u> </u>	Ц	_	898,757.	0 .	84,452.
c Total from continuation sheets to Part VI	I, Section A						•	0.	0.	
d Total (add lines 1b and 1c)							>	898,757.	0 .	84,452.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	6
compensation from the organization										Yes No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	y en	olqn	yee,	or l	highest compensated en	nployee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su									ne organization	4 X
and related organizations greater than \$150Did any person listed on line 1a receive or a			-						lual for conuces	4 X
rendered to the organization? If "Yes." com	•				•		Hate	ed organization or individ	idal for services	5 X
Section B. Independent Contractors	piete ochevale		2/ 30	(4114	7613	On				
1 Complete this table for your five highest co	•	•							•	ation from
the organization Report compensation for	the calendar ye	ar e	ndın	g w	ıth c	or wi	thin T		ear	
(A) Name and business	address	NC	NE	č				(B) Description of s	ervices	(C) Compensation
								·		
							_			
								/		
Total number of independent contractors (ii \$100,000 of compensation from the organic		t lin	nited	l to t	thos		ted	above) who received mo	ore than	

Form **990** (2017)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	_ (D)
	8b, 9b, and 10b of Part VIII	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,556.			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	·			
5	Compensation of current officers, directors,	320 005			
	trustees, and key employees	320,985.			
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	1,447,675.			• • • • • • • • • • • • • • • • • • • •
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	14,066.			
9	Other employee benefits	178,643.			
10	Payroll taxes	120,964.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,955.			
С	Accounting	198,819.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	02 140			
	column (A) amount, list line 11g expenses on Sch O.)	93,148.			
12	Advertising and promotion	9,545.		-	
13	Office expenses	32,022.			
14 •=	Information technology 7 Royalties	32,022.			
15 16	Occupancy	54,467.			
17	Travel	61,028.			
18	Payments of travel or entertainment expenses	,			
. •	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,256,892.			
20	Interest	94,063.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	,5,106.			
23	Insurance	13,655.			
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 0.)				
а	OTHER PROFESSIONAL FEES	222,802.			
	FINANCE CHARGES	64,489.			
c	PAYROLL SERVICES	22,769.			
d	OTHER EXPENSES	15,577.			
е	All other expenses	13,134.		t .	
25	Total functional expenses. Add lines 1 through 24e	4,347,821.			
26	Joint costs. Complete this line only if the organization	İ			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ff following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet		an in this Dort V			
		Check if Schedule O contains a response or not	e to any ii	ne in this Part X	(A)		(B)
	•				Beginning of year		End of year
	1	Cash - non-interest-bearing			29,798.	1_	178,010
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	32,696.	4	90,473		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted empl	oyees Complete	<u></u>		
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	on 501(c)	(9) voluntary			
2		employees' beneficiary organizations (see instr)	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
æ	8	Inventories for sale or use			10.000	8	0.7.445
	9	Prepaid expenses and deferred charges			42,766.	9	27,145
	10a	Land, buildings, and equipment cost or other		40.044			
		basis Complete Part VI of Schedule D	10a	10,814.			
	b	Less accumulated depreciation	10b	5,106.	0.	10c	5,708
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1				12	
	13	Investments - program-related See Part IV, line	11		<u>-</u>	13	
	14	Intangible assets			20 424	14	21 254
	15	Other assets See Part IV, line 11			29,424. 134,684.	15	31,254 332,590
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		565,732.	16	433,596
	17	Accounts payable and accrued expenses			303,732.	17	433,330
	18	Grants payable			894,345.	18 19	1,058,023
	19	Deferred revenue			094,343.		1,030,023
	20	Tax-exempt bond liabilities	Dowt IV/ of	Sahadula D		20 21	
	21	Escrow or custodial account liability Complete F Loans and other payables to current and former				21	
es	22	key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	s, and dis	iqualineu persons	 	22	
Lia	23	Secured mortgages and notes payable to unrela	ted third i	narties	566,369.	23	377,386
	24	Unsecured notes and loans payable to unrelated		·	1,562,773.	24	1,097,606
	25	Other liabilities (including federal income tax, pa					
ı	20	parties, and other liabilities not included on lines					
		Schedule D	, _		100,266.	25	163,373
	26	Total liabilities. Add lines 17 through 25			3,689,485.	26	3,129,984
		Organizations that follow SFAS 117 (ASC 958	, check t	nere 🕨 🗓 and			-
ړ		complete lines 27 through 29, and lines 33 an					
Se	27	Unrestricted net assets			-3,584,225.	27	-2,828,648
aa	28	Temporarily restricted net assets	8,885.	28	10,715		
90	29	Permanently restricted net assets	20,539.	29	20,539		
Š		Organizations that do not follow SFAS 117 (A	SC 958), (check here 🕨 🗌			-
5		and complete lines 30 through 34.			<u></u>		
إيز	30	Capital stock or trust principal, or current funds				30	
1886	31	Paid-in or capital surplus, or land, building, or eq	uipment f	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or o	other funds		32	
ž	33	Total net assets or fund balances			-3,554,801.	33	-2,797,394
	34	Total liabilities and net assets/fund balances			134,684.	34	332,590

332,590. Form **990** (2017)

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 Total expenses (must equal Part XI, column (A), line 25) 2 Total expenses (must equal Part X, column (A), line 25) 3 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses (must equal Part X, column (A), line 25) 4 Revenue less expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 4 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 2 from line 1 5 Total expenses Subtract line 3 from line 1 5 Total expenses Subtract line 2 from line	Forn	1990 (2017) ALPFA, INC.	32-	0178401	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 755,577. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 - 3,554, 801. 5 Net unrealized gains (losses) on investments 5 1,830. 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O 2a Were the organization is financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes," check a fact a federal award, was the organization required to undergo an audi	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 755,5777. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 - 3,554,801. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Pror period adjustments 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)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis consolidated basis and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis consolidated basis and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis for 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 statemen		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 755,5777. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 - 3,554,801. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Pror period adjustments 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)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis consolidated basis and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis consolidated basis and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis consolidated basis, or both Separate basis Acconsolidated basis Both consolidated and separate basis for 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 statemen						
Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Net unrealized gai	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 1,830. 6 Donated services and use of facilities 6	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Tail Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	3	Revenue less expenses Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>-3,55</u>		
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	5	Net unrealized gains (losses) on investments	5		<u>1,8</u>	<u>30.</u>
Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	8	Prior period adjustments	8			
Column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990			10		<u>7,3</u>	<u>94.</u>
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	Pa	rt XIII Financial Statements and Reporting				_
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII				\perp
Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Cif "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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1	· · · · — — — — — — — — — — — — — — — —			Yes	No
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 Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			0			لــــا
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis C 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	2a			2a		_A_
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			on a			
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? B If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	_	— · — · ·		 -		
consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	р	, .		26	-	 ,
Separate basis X Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			basis,			
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	_					1
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	C	•	audit,		<u></u>	
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		·	dula O	20		
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	3-			ıt l		1
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	Jd		gie Auu	I		X
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	h		ed audi			<u> </u>
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		and the state of t			990	(2017)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on 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

 Section 501(c)(4), (5), or (6) orga 	nizations Complete Part III			
Name of organization			Emp	loyer identification number
ALPFA	, INC.			32-0178401
Part I-A Complete if the	organization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
 Provide a description of the org Political campaign activity expension Volunteer hours for political call 		cal campaign activities		\$
Part I-B Complete if the	organization is exempt und	ler section 501(c)	(3)	
	tax incurred by the organization un		· ,	<u> </u>
<u>-</u>	tax incurred by organization manag			
•	ection 4955 tax, did it file Form 4720		•	Yes No
4a Was a correction made?		·		Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the	organization is exempt und	ler section 501(c),	except section 501(:)(3).
1 Enter the amount directly expe	nded by the filing organization for se	ection 527 exempt func	tion activities	S
2 Enter the amount of the filing o	rganization's funds contributed to of	ther organizations for se	ection 527	
exempt function activities			▶ \$	s
·	ures Add lines 1 and 2 Enter here a	and on Form 1120-POL	•	
line 17b			▶ 9	Vec UNE
4 Did the filing organization file F	•			resNo
	d employer identification number (El			
· ·	nization listed, enter the amount pai e promptly and directly delivered to			•
	 i) If additional space is needed, provided 			e segregated fulld of a
(a) Name			1	(a) 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-
		 		
		'		
· · · · · · · · · · · · · · · · · · ·				
			1	

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

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017	ALPFA	, INC.			32-	0178401 Page 2
Part II-A Complete if the org	janizatio	n is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (el	ection under
section 501(h)).						
A Check ▶ ☐ If the filing organiza	ition belong	gs to an affi	iliated group (and list in	Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share	re of exces	s lobbying	expenditures)			
B Check I if the filing organiza	ition check	ed box A a	nd "limited control" pro	visions apply		
Limi	ts on Lobb	ying Expe	nditures		(a) Filing	(b) Affiliated group
			ınts paid or incurred.)	1	organization's totals	totals
1a Total lobbying expenditures to influ	uence publ	ıc opınıon (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	l 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add lines	s 1c and 1d)			
f Lobbying nontaxable amount Enter	er the amou	unt from the	e following table in both	n columns		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:	=	
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000	_	
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)		-		<u> </u>
h Subtract line 1g from line 1a If zero						
i Subtract line 1f from line 1c If zero	or less, er	nter -0-				
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
		4-Year Av	eraging Period Under	section 501(h)		
(Some organizations the			• •	•	f the five columns b	elow.
		-	ate instructions for lir			
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2014	(b) 2015	(c) 2016	(d) 2017	(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			<u> </u>			<u> </u>

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 ALPFA, INC. | 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)).

of the lobbying activity	(4	a)	(1	b)
	Yes	No	Amo	ount
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)?			1	
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?	<u> L</u>	<u> </u>	L	<u> </u>
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			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	ļ. <u></u>
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion	X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				a 3 ic
answered "Yes."	NO, ON	(b) Part	III-A, IIII	, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
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 exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				

732043 11-09-17

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Employer identification number Name of the organization 32-0178401 ALPFA, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? No Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, 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 year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X Schedule D (Form 990) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2017 ALPFA,								Page 2
Pai	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	following that a	re a sign	ıficant u	se of its c	ollection it	tems
	(check all that apply)	•							
а	Public exhibition	d		hange program	าร				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	-	•	-			se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, historical treas	sures, or other s	sımılar as	ssets		_	_
	to be sold to raise funds rather than to be ma							Yes	No_
Pai	TIV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	es" on Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributions	s or other asset	ts not inc	luded	_	_	
	on Form 990, Part X?						L.	_ Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table						
								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 Fe	orm 990, Part X, line	21, for escrow or cu	istodial accoun	it liability	?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII						_		
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV	/, line 10				
		(a) Current year	(b) Prior year	(c) Two years i	back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	29,424.	28,050.	27,	159.		29,006.		26,703.
b	Contributions				891.				
С	Net investment earnings, gains, and losses	1,830.	1,374.						2,953.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses						1,847.		650.
g	End of year balance	31,254.	29,424.	28,	050.		27,159.		29,006.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as					
а	Board designated or quasi-endowment	.00	%						
b	Permanent endowment ► 66.00	%	_						
С		4.0 0 %							
	The percentages on lines 2a, 2b, and 2c shot					•			
За	Are there endowment funds not in the posse		tion that are held an	id administered	for the	organiza	tion		
	by	•				•		Γγ	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		•					3a(II)	Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•						(
Par				•					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, P	art X, lin	e 10			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
		basis (investm	nent) basis ((other)	depre	eciation			
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment		1	0,814.		5,10)6.	5	,708.
e	Other								
Total	. Add lines 1a through 1e (Column (d) must el	gual Form 990. Part 2	C column (B) line 10	Oc.)			▶	5	,708.

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 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) 2017

(7) (8)

163,373.

Sche	dule D (Form 990) 2017 ALPFA, INC.		32-0178401 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a	
1	Total revenue, gains, and other support per audited financial statement	:s	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	Recoveries 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		
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 revenue Add lines 3 and 4c. (This must equal Form 990, Part I. lin	ne 12.)	5
Par	t XII Reconciliation of Expenses per Audited Financia	I Statements With Expenses pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 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		
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		
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, I	line 18.)	5
Par	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines 1b and 2b, Part V, lin	ne 4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provi	ide any additional information	
	m v		
PAR	T X, LINE 2:		
mrr:	AGGOGIAMION IG INGODDODAMED AG A NO	MDDOETH MINUT DENIES	TM CODDODAMION
THE	ASSOCIATION IS INCORPORATED AS A NO	MPROFIT MUTUAL BENEF.	IT CORPORATION
TIME		ITA AND TO CONTODATIVE	EVENDE EDOM
OINL	ER THE LAWS OF THE STATE OF CALIFORN	ITA AND IS GENERALLE I	EXEMPT FROM
ישש	ERAL AND STATE INCOME TAXES UNDER SE	יכיידראי 501/כ//6/ ספי ייני	HE THERDNAT
F 151	ERAL AND STATE INCOME TAKES UNDER SE	CIION SUI(C)(U) OF II	HE INTERNAL
REV	ENUE CODE AND SECTION 23701 (D) OF T	HE REVENUES AND TAXA	TION CODE OF
<u> </u>	BROW CODE THE BECTTON 25701 (D) OF I	III REVEROUS IND IIIMI	TION CODE OF
тнк	STATE OF CALIFORNIA.		
****	Difficult of Charles		
THE	ASSOCIATION HAS EVALUATED THE CONSO	LIDATED FINANCIAL ST	ATEMENT IMPACT
	THE DOCUMENT OF THE PARTY OF TH		
OF	TAX POSITIONS TAKEN OR EXPECTED TO B	E TAKEN IN ITS TAX R	ETURNS.
MAN	AGEMENT HAS DETERMINED THAT NO TAX L	IABILITIES NEED TO BE	E RECORDED
<u>UND</u>	ER APPLICABLE ACCOUNTING GUIDANCE FO	R THE YEAR ENDED DECI	EMBER 31, 2017
AND	2016.		
732054	10-09-17		Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 ALPFA, INC.	32-0178401 Page 5
Schedule D (Form 990) 2017 ALPFA, INC. Part XIII Supplemental Information (continued)	
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(Schedule D (Form 990) 2017

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ALPFA, INC.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

32-0178401

		r	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		۱,	l
	First-class or charter travel Housing allowance or residence for personal use		'	
	Travel for companions Payments for business use of personal residence	,		1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
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,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
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			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations (X) Approval by the board or compensation committee			,
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			l
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?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			İ.
	contingent on the revenues of			<u> </u>
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of			
а	The organization?	6a		L
b	Any related organization?	6b		i
	If "Yes" on line 6a or 6b, describe in Part III			i
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			ii
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on 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		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			•
-	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2017

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

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 on 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 aren't 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	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	<u>L</u>
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	beneirts	(c)-(o)(s)	in column (B) reported as deferred on prior Form 990
(1) CHARLES P GARCIA	Ξ	293,394.	0	0	0	27,591.	320,985.	0
CEO	Œ		0	0	0	0		0
(2) VERNA GREER	Θ	145,55	0.	0	0	9,515.	155,06	0
SVP OF CORPORATE DEVELOPMENT	▣	0	0.	0	0	0	0	0
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Schedule J (Form 990) 2017

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SCHEDULE O

Department of the Treasury

(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.

Open to Public ► Go to www.irs.gov/Form990 for the latest information. Inspection

Internal Revenue Service Name of the organization

> ALPFA, INC.

Employer identification number 32-0178401

OMB No 1545-0047

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 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

FORM 990, PART VI, SECTION A, LINE 7A:

AS THE STUDENT MEMBER IS AT LEAST 18 YEARS OF AGE.

THE ORGANIZATION'S MEMBERS ELECT ITS GOVERNING BODY. THE VOTING MEMBERS INCLUDE THE GENERAL MEMBERS AND STUDENT MEMBERS OVER 18 YEARS OF AGE. 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 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

ALPFA, INC.

Employer identification number 32-0178401

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.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY MANAGEMENT, THEN THE FORM 990 IS MADE AVAILABLE FOR REVIEW TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12:

THE ORGANIZATION IS IN THE PROCESS OF FINALIZING ITS WRITTEN CONFLICT OF

INTEREST POLICY AND IMPLEMENTING PROCESSES TO CONSISTENTLY MONITOR AND

ENFORCE COMPLIANCE THEREWITH. THE ORGANIZATION IS ALSO IN THE PROCESS OF

FINALIZING ITS WRITTEN WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION

POLICIES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ALPFA NATIONAL BOARD OF DIRECTORS (BOD) RETAINED A THIRD PARTY SEARCH
FIRM TO PERFORM A NATIONAL EXECUTIVE SEARCH FOR ITS CEO, CHARLES P. GARCIA,
WHO WAS HIRED IN JUNE 2014. THE SEARCH FIRM PROVIDED COMPREHENSIVE
SERVICES, INCLUDING FRAMING CRITERIA FOR APPLICANTS, THE EVALUATION OF
MARKET COMPARABLE COMPENSATION AND INITIAL SCREENING. IN ADDITION, THE BOD
SECURED THE SERVICES OF EXTERNAL LEGAL COUNSEL TO NEGOTIATE THE CEO
EMPLOYMENT AGREEMENT DIRECTLY WITH THE CANDIDATE ONCE THE SEARCH WAS
COMPLETED. THE FULL BOD PARTICIPATED IN THE INTERVIEW AND REVIEW PROCESSES,
AND APPROVED THE NEGOTIATED CEO EMPLOYMENT CONTRACT ONCE IT WAS FINALIZED
BY ITS EXTERNAL LEGAL COUNSEL. THIS PROCESS IS DOCUMENTED.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization . ALPFA, INC.	Employer identification number 32-0178401
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR VIEWING ON THE C	RGANIZATION'S
WEBSITE. POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE U	PON REQUEST.
	
	
	
	•

SCHEDULE R (Form 990) Name of the organization

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.

2017

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Open to Public Inspection

Employer identification number 32-0178401Direct controlling entity Ξ End-of-year assets Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity ALPFA, INC. Name, address, and EIN (if applicable) of disregarded entity Part

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 Part II

(a)	(q)	(c)	(9)	(e)	(J)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization	,	foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes No
ALPFA FOUNDATION, INC 86-1118036	GRANTING SCHOLARSHIPS TO					
801 S. GRAND AVE, STE 650	QUALIFIED ACCOUNTING &					
LOS ANGELES, CA 90017	BUSINESS STUDENTS	CALIFORNIA	501(C)(3)	LINE 7	N/A	×
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	Γ	`				
	Γ					

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

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Schedule R (Form 990) 2017

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Page 2

Schedule R (Form 990) 2017 ALPFA, INC.

[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

(a)	(q)	(၁)	(p)	(e)	(£)	(a)	(£)	(5)	9	(K
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		desers	Yes No	K-1 (Form 1065)	Yes	
							_			
	•									
									L	
							-			
							_			
		<u>.</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	ganizations Taxable a	s a Corpo	ration or Trust. Co	mplete if the organizati	on answered "Yes	" on Form 990, Pa	art IV, line 34	t, because it had or	Je or m	ore related

Yes No (i) Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets 6 Share of total income Type of entity (C corp, S corp, or trust) (e) (d)
Direct controlling entity Legal domicile (state or foreign country) ပ Primary activity organizations treated as a corporation or trust during the tax year Name, address, and EIN of related organization

Schedule R (Form 990) 2017

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	٤
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 rel	ated organizations listed	in Parts II-IV?		4	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e	×	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				;=		×
J Lease of facilities, equipment, or other assets to related organization(s)				1;		×
k Lease of facilities, equipment, or other assets from related organization(s)				÷	\dagger	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	\dagger	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ıızatıon(s)			Ē	+	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			ŧ	×	
 Sharing of paid employees with related organization(s) 				9	×	
				•		Þ
				٩	+	:
 Reimbursement paid by related organization(s) for expenses 				19		×
(a) and the manufacture of sound are all and the solutions of the solutions (b)				ļ		×
				- 42	-	×
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 the	s line, including covered	relationships 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	स्र	163,373.	САЅН			
(2)						
9						
(4)						
(5)						
(9)					1	
732163 09-11-17	29		Schedule R (Form 990) 2017	R (Form	990) 2	2017

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

	1	ı	i	I	I	ı	I	1
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule Kr Percentage (Form 1065) res No								
or Per ow								
(j) General or managing partner?								
JBI 30x 20 e K-1 165)								
(i) ode V-l unt in t								
amol								
(h) Disproportionate alfocations? Yes No					-			
	1							
(g) Share of end-of-year assets				,				
Sha end-c ass								
of e								
(f) Share of total income								
Are all Sol(c)(3) orgs ?								
of der	<u>-</u> .						(
t incom related tax un 2-514)							<	
(d) minani ted, un d from ons 51								
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)			:					
cle aga								
gal domic tte or fore country)				,				
(c) Legal domicile (state or foreign country)								
(a) (b) (c) (d) (d) (d) (e) (d) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e								
thrifty								
(b) Primary activity		~						
Prin								
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E E								
(a) Name, address, and EIN of entity								
(a) address, a								
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Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	ALPFA,	INC.	32-0178401	Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.			
<u> </u>	Prôvide additional informa	ation for respoi	nses to questions on Schedule R See instructions		
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