Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 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.



AI	For th	e 2021 calendar year, or tax year beginning and	l ending		
Β	Check if applicat	le: C Name of organization		D Employer identific	ation number
	Addr				
	Name			32-017840)1
	Initial returr		Room/suite	E Telephone number	
	Final returr	1717 W 6TH CTDEFT	410	855-692-5	
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,356,739.
	Amer	AUSTIN, IX 78703		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: DAMIAN KIVERA		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1)	or 527	- '	list. See instructions
		ite: WWW.ALPFA.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1972 N	I State of legal domicile: CA
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{TO E}$			
anc		MEN AND WOMEN AS LEADERS OF CHARACTER FOR			
Governance	2	Check this box		1.1	ets. 21
Š	3				21
		Number of independent voting members of the governing body (Part VI, line 1b)			16
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			400
Activities &	6	Total number of volunteers (estimate if necessary)			<u>400</u> 0.
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		242,363.	242,362.
anc	9	Program service revenue (Part VIII, line 2g)		2,766,814.	4,112,810.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,567.
ĕ	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)		3,009,177.	4,356,739.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		14,380.	5,930.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,223,487.	2,021,119.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		918,398.	1,648,254.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,156,265.	3,675,303.
	19	Revenue less expenses. Subtract line 18 from line 12		852,912.	681,436.
OL			Ве	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		1,020,140.	2,203,417.
tAs	21	Total liabilities (Part X, line 26)		964,043.	1,461,208.
Sel	22	Net assets or fund balances. Subtract line 21 from line 20		56,097.	742,209.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
Here	SELENE BENAVIDES, CFO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JANE COLEMAN			self-employed P01391236						
Preparer	Firm's name 🕒 MOSS ADAMS LLP		Firm's	sEIN ▶ 91-0189318						
Use Only	Firm's address 🖕 4747 EXECUTIVE DI	RIVE								
	SAN DIEGO, CA 92121 Phone no.858-627-1400									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	J2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) ALPFA, INC.	32-0178401 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 LEAD	
	FOR THE NATION, IN EVERY SECTOR OF THE GLOBAL ECONOR	
		•
2	Did the organization undertake any significant program services during the year which were not listed of	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	MAINTAINING 45 PROFESSIONAL CHAPTERS AND APPROXIMAT	
	PROFESSIONAL AND STUDENT MEMBERS ACROSS THE COUNTRY NETWORKING AND PROFESSIONAL LEADERSHIP DEVELOPMENT (
	MEMBERS HAVE ACCESS TO 50,000 PAID SUMMER INTERNSHI	•
	OF FORTUNE 1000 CORPORATE PARTNERS. WE ASPIRE TO BE	
	PARTNER OF CHOICE FOR COMPANIES SEEKING TO HIRE AND	DEVELOP LATINO
	TALENT.	
4b	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$	
10		
4d	Other program services (Describe on Schedule O.)	N N
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ►)
		Form 990 (2021)
13200	2 12-09-21	ζ=,
	2	

	990 (2021) ALPFA, INC. 32-0178	401	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
•	If "Yes," complete Schedule A	1 2	Х	X
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Vea" complete Schedule C. Part /	3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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 16? 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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
	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 approximation of Rat IX, column (A), ling 12, K IV/column (A) approximation of the local line of the line of the local line of the local line of the local line of the local line of the line of the line of the line of the local line of the line of the line of the line of the local line of the line	04		x
120001	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	(2021)
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Form 990 (2021) ALPFA, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	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		
	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	07		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0 7		v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11 13		162	NU
la b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a15Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
132004	1 12-09-21			(2021)
				、 · _ · /

Yes No 2 Entire the number of employees reported on Form W3. Transmittal of Mage and Tax. Statements. 16 1 b If all sets one servents on line 3. and 2.a is graster than 250, you may be required to ends. See instructions. 2a X b If was, 'heat filed a Form 990T for this year? 2a X b If "was, 'heat filed a Form 990T for this year? 3a X b If "was, 'heat filed a Form 990T for this year? 4a X b If "was, 'heat filed a Form 990T for this year? 5a X b If "was, 'heat filed a Form 990T for this year? 5a X b If "was, 'heat filed a Form 990T for this year? 5a X b If "was, 'heat filed a Form 990T for this year? 5a X b If "was, 'heat filed a Form 990T for this year? 5a X b If "was, 'heat filed a Form 990T for this year? 5a X b If "was, 'heat filed a Form 990T for this year? 5a X b If "was, 'heat filed a Form 990T for this year? 5a X c	Form	990 (2021) ALPFA, INC.		32-0178	401	P	age 5
2a Enter the number of employees reported on Form WS, Transmittal of Wage and Tas Statements. 2a 16 b If at less one is reported on line 2a, dd it the cognotation file of required federal employment tax returns? 2a X a Did the organization have unrelated business gross income of B 10,000 or more during the year? 2a X b If Yes; 'has it filed a Form 9201 for this year? If Yes' to its 3b, provide an explanation on Schedule O 2a X b If Yes; 'has it filed a Form 9201 for this year? If Yes' to its ab provide an explanation on Schedule O 2b X b If Yes; 'has it filed a Form 9201 for this year? If Yes' to its ab, provide an explanation and Financial Account's (Such as a benk account, securities account, and Financial Account's FEAP). 3a X b If Yes; 'to its the anime of the forganization in Form 014, Report of Foregn Bark and Financial Account's (Such as benk explanation a provide acplanation in Form 0808-17 5a X b If Yes; 'to its the organization in Form 0808-17 5a X 5a X b If the organization in Form 0808-17 5a X 5a X b If the organization index of the way solicitation an express statement that such contributions solid 5a X c If Yes', 'id the organization index of the way solicitation an express statement that such contrelatio	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
tiet or the calendar year anding with or within the year covered by this return 16 b If all seed one secretic of line 32, do if the organization file all equared reter hans? 28 a D of the organization has emprised burness gross at the organization has an interest in, or a signiful the year? 28 b If Yea, 'I has it liked a form 930-T for this year? <i>Jt</i> 'Wo' to ino 30, provide an explanation or Schedule O 28 b If Yea, 'I has it liked a form 930-T for this year? <i>Jt</i> 'Wo' to ino 30, provide an explanation or Schedule O 28 b If Yea, 'I has it liked a form 930-T for this year? <i>Jt</i> 'Wo' to ino 30, provide an explanation or Schedule O 28 b If Yea, 'I has it liked a form 930-T for this year? <i>Jt</i> 'Wo' to ino 30, provide an explanation or Schedule O 28 b If Yea, 'I was 'I the organization and year exorement back count, sconting functional accounts (FBAR). 28 b D dary taxaburg barry to 10 if the organization that was count, sconting the transaction? 28 b D dary taxaburg barry to 10 if the organization tax have as is a party to a prohibid tax schedule thransaction? 28 b If Yea, 'I dual is a control to devise a charabule contributions or gifts own on tax deductible? 28 b If Yea, 'I dual the organization tax devises at party to a sortheburg that the account tax deductible? 20 c D If Yea, 'I dual tax deductible? 20 c D If Yea, 'I dual tax deductible? 20 c D If Yea, 'I dual tax deductible contributions and party to a contribution of advises prov				I		Yes	No
b If a test one is reported on line 2a, did the organization field is register and to a dis grant time and the organization the instructions. 3a Did the organization the unrelated business gross income of \$1000 or more during the year? 3a Did the organization the unrelated business gross income of \$1000 or more during the year? 3a Did the organization the unrelated business gross income of \$1000 or more during the year? 3a Did the organization the unrelated business gross income of \$1000 or more during the year? 3a Did the organization and the organization for the year? 4a X b If "Yes," enter the name of the foreign contry year has a best to a profibed tax sheat transaction of the set os b, did the organization for the Was? 5a X b Was the organization in foreign contry year has a best to a profibed tax sheat transaction? 5a X c If "Yes," enter the foreign contry year methods tax sheat transaction? 5a X di any contributions that were not messel that are normally greater than \$100,000, and did the organization scient foreign Barny organization scient foreign Barny fore	2a			16			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $\frac{1}{\sqrt{2}}$, be if Yes, 'hast lifted a form B991 for this yes? If 'No' to fine 3b, provide an explanation on Scheckle 0 Image: Scheckle 0 4 At any time during the calendar year, dot the organization have an interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in or a signature or other authority over, a tar interest in tor a signature or other authority over, a tar interest in tor a signature or other authority over, a tar interest in tor a signature or other authority over, a tar interest in tor authority over, a tar interest in tor authority over, a tar interest in tor authority over, and tar interest in tor authority or authority over, and tar interest in tor authority over, and tar interest interest interest interest interest intor authority oretauthauthority authority and autha	h			•	Oh	v	
Base Date organization have unrelated business gross income of \$1,000 rr more during the year? gas X X b If Yes, "nate that is dar 900 900 root in the yar? (IV for bars 82,000 root in a toring or curriny lock is a bark account, securities account, or other financial account? 4a A any time during the calendar year, dd the organization fin have an interest in, or other financial account? 4a X b If Yes, "enter the name of the foreign country S Yes b organization approximation for FinCEN Form 114, Report of Peraign Bark and Financial Accounts (FBAR). 5a X b U any taxable party notify the organization fine from 886 f7 So be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization foreign Bark and Financial Accounts (FBAR). 5a X b If Yes, " did the organization fine from 886 f7 Go bes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit approximation northy the worp solicitation an express statement that such contributions or gifts were not tax deductibles and the goods or services provided? 7a 7a f U Yes, " did the organization fine from 800 are group provide or while organization solicit approximation and prives a contribution organization from 800 are required? 7a 7a f U State are paratized in matheare of from \$282 filed during the year? 7a 7a 7a 7a 7a 7a	D				20	<u>_</u>	
b If Yes, 'Issa II field a Form 390-Tor (III's year)' of Wol' to fires 8b, provide an explanation on Schedule O 90 40 At any time during the calendar year, dot the organization have an interest III, or a signature or other submit your, a financial account in a foreign country leuch as a bank account, securities account, or other financial account (FBAR). 4a X b If Yes, 'enter the name of the foreign country leuch as a bank account, securities account, or other financial account (FBAR). 5a X 5a Wast the organization targe arguments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Wast the organization targe arguments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Dec set the organization nal gross receipts that are ornnally greater than \$100.000, and did the organization solid any complexity as tableter transaction? 5c 5c 5a Dec set the organization nal gross receipts that are normally greater than \$100.000, and did the organization solid any complexity as a contributions are greater at a set decide the organization target argument in eaces of \$75 made parity as a contribution and parity for grods and services provided to the payer? 7a 7a 7 Organizations all, each argument in eaces of \$75 made parity as a contribution of anally for grods and services provided? 7a 7a 7 Organization and each argument in eaces of \$75 made parity as a contribution of anally as contribution and anally for grods and service	30				30		x
4a Are ytime during the calendar year, did the organization have an interest in, or a signature or other subhordy over, a francial accounts (rescuring securing s							
Intracial account in a foreign county (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," retire the name of the toreign county. 5a X 5a Was the organization to a partly to a prohibited tax shelter transaction? 5a X 5a Was the organization the organization that was or is a partly to a prohibited sta shelter transaction? 5a X 5b DX are usualized partly notify the organization that was or is a partly to a prohibited sta shelter transaction? 5c X 5b Tyma" to line 5a or 5b, did the organization that was or is a partly to a prohibited sta shelter transaction? 5c X 5c Diff "Yes" to line 5a or 5b, did the organization that was or is a partly to a prohibited sta shelter transaction? 5c X 5c Diff "Yes" to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts 6a X 6b Diff "Yes", folde organization include with every solicitation an express statement that such contributions or gifts 6b 7a 7 Organization folde with every solicitation an express statement that such contributions or gifts 7a 7a 7 Organization folde with every solicitation an express statement that such contributions or gifts 7a 7a 7 Organization folde with every solicitation an express statement that such contrata							<u> </u>
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 14a X t If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 14b 15 X If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 17 17 17 12005 12-09-21 6 Form 990 (2021)		,					
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 132005 12-09-21 6 Form 990 (2021)	с						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 16 X If "Yes," complete Form 4720, Schedule O. 17 17 16 132005 12-09-21 16 X 17				•	14a		X
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If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 132005 12-09-21 6 Form 990 (2021)							
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If "Yes," complete Form 6069. Form 990 (2021) 132005 12-09-21 6	17						
132005 12-09-21 6 Form 990 (2021)					17		<u> </u>
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					Form		` '

	ALPFA, INC. TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	brows		-0178		F	Page
I U	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C				"No" I	respor	ise
Sec	Check if Schedule O contains a response or note to any line in this Part VI						
	ten / a doverning body and management					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21		163	L.
Ĩ	If there are material differences in voting rights among members of the governing body, or if the governing				1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· · · · · · · · · · · · · · · · · · ·	I anv other		1		
2			-		2		2
3	Did the organization delegate control over management duties customarily performed by or under the			 on	-		<u> </u>
Ŭ					3		2
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		
6	Did the organization have members or stockholders?				6	х	\square
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						\square
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders. or				
~	persons other than the governing body?				7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1.0		
	The governing body?		•		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						\square
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		•		
			,			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the	e form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a				
	taxable entity during the year?				16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's				
	exempt status with respect to such arrangements?				16b		
sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section	1 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other <i>(explain</i>		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest p	policy, and	d finan	cial	
	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 boo	oks and	d records	▶			
	DAMIAN RIVERA - 646-242-6322						
	1717 W. 6TH STREET, 410, AUSTIN, TX 78703					0000	
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Form 990 (2021)	ALPFA, INC.	32-0178401 Pag	e 7						
Part VII Compensa	ation of Officers, Directors, Trustees, Key Emp	oyees, Highest Compensated							
Employees	s, and Independent Contractors								
Check if Sche	edule O contains a response or note to any line in this Part VII								
Section A. Officers, Dire	rectors, Trustees, Key Employees, and Highest Compensa	ted 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	Position (do not check more than one					ne	Reportable	Estimated		
	hours per	box	, unles	ss per	rson is	s both	n an	compensation	compensation	amount of	
	week		cer an	aau	recio	r/trus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEC)	and related	
	below	Individual trustee or director	Institutional trustee	_	mploy	st coi	ar.	1000 1120/		organizations	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5	
(1) DAMIAN RIVERA	50.00										
CEO	1.00	1		х				362,035.	Ο.	33,818.	
(2) SELENE BENAVIDES	40.00										
CFO	1.00	1		х				170,576.	Ο.	17,303.	
(3) JUSTIN LOPEZ	40.00										
COO		1		х				142,760.	Ο.	26,159.	
(4) CYDYA J THOMAS	40.00										
STUDENT OPERATIONS AND INITIATIVES M						Х		112,218.	0.	22,454.	
(5) ANN MARQUEZ	40.00										
DIRECTOR, TALENT, PURPOSE ANN BELONG						Х		111,795.	0.	12,976.	
(6) LUIS ROSADO	40.00										
DIRECTOR, INFRASTRUCTURE & CHAPTER O						Х		104,848.	0.	18,247.	
(7) JENNIFER PAULINO	40.00										
DIRECTOR OF BUSINESS DEVELOPMENT AND						Х		113,035.	0.	5,454.	
(8) ARACELY GODINEZ	5.00										
TREASURER	1.00	Х		Х				0.	0.	0.	
(9) MARCELA ALDAZ-MATOS	5.00										
CHAIR	1.00	Х		Х				0.	0.	0.	
(10) MARIE ROBLES	5.00									-	
SECRETARY	1.00	Х		Х				0.	0.	0.	
(11) IXCHELL DUARTE	5.00								•	•	
VICE CHAIR	1.00	Х		Х				0.	0.	0.	
(12) DANIEL VILLAO	5.00								0	0	
IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.	
(13) CHAD WORKMAN	5.00							0	0	0	
DIRECTOR		Х						0.	0.	0.	
(14) CYNTHIA M. IZZO	5.00							0	0	0	
DIRECTOR	F 00	Х						0.	0.	0.	
(15) DOUG RODRIGUEZ	5.00							0	0	0	
DIRECTOR	E 00	Х						0.	0.	0.	
(16) ENEIDA ROMAN	5.00	x						0.	0.	<u>م</u>	
DIRECTOR (17) ENNA JIMENEZ	5.00							0.	0.	0.	
DIRECTOR	5.00	x						0.	0.	0.	
	1	Δ				I		. 0.	0.	Form 990 (2021)	
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Form 990 (2021) ALPFA, IN	IC.								32-0178	401	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	(F	;)
Name and title	Average			Posi	ition			Reportable	Reportable	Estim	
	hours per			heck r ss per				compensation	compensation	amou	
	week			nd a di				from	from related	oth	ner
	(list any	ctor						the	organizations	comper	nsation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from	the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organi	zation
	organizations	al trus	nal tr		loyee	e comp		1099-NEC)		and re	
	below line)	Individual trustee or director	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organiz	ations
	,	Ind	lns	8	Key	en Hig	Ē				
(18) ERNEST CORDOVA	5.00										
DIRECTOR		Х						0.	0.		0.
(19) EVEKA RODRIGUEZ	5.00										
DIRECTOR		Х						0.	0.		0.
(20) JOEL BENCOSME	5.00										
DIRECTOR		Х						0.	0.		0.
(21) JOEL PEREZ	5.00										
DIRECTOR		Х						0.	0.		0.
(22) JOSEPH LORETTO	5.00										
DIRECTOR		х						0.	0.		0.
(23) KARINA AYALA-BERMEJO	5.00								•		
DIRECTOR		x						0.	0.		0.
(24) MAURICIO GONZALEZ	5.00										
DIRECTOR	5.00	x						0.	0.		0.
(25) NILZA SERRANO	5.00	Δ						0.	0.		0.
	5.00	x						0.	0.		0
DIRECTOR	F 00	~						0.	0.		0.
(26) ROXANNE MARTINEZ	5.00								0		0
DIRECTOR		Х					<u> </u>	0.	0.	120	0.
1b Subtotal								1,117,267.	0.	136,	•
c Total from continuation sheets to Part VII								0.	0.	1.0.0	0.
d Total (add lines 1b and 1c)								1,117,267.	0.	136,	411.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	io re	eceived more than \$100,	000 of reportable		
compensation from the organization											7
										Ye	es No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	emple	oyee	e, or	' hig	phest compensated empl	loyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	ə J f	for such individual	-	4 X	2
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com								•		5	X
Section B. Independent Contractors	olete ocheduk		01 00		2010	011					
1 Complete this table for your five highest cor	nnensated inc	lene	nde	nt co	ontra	acto	rs tł	nat received more than \$	100 000 of compense	tion from	
the organization. Report compensation for t									, ,		
(A)	ne calcindar y		, i i dii	ig wi				(B)		(C)	
رم) Name and business	address	N	ONE	2				Description of s	ervices	Compensa	ition
		111	/111	-							
							_				
2 Total number of independent contractors (in	cluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					C						
SEE PART VII, SECTION	A CONT	ΊN	UA	TI	ON	S	ΗĒ	ETS		Form 99	0 (2021)
132008 12-09-21											
				c	2						

Part VII Section A. Officers, Directors, Tr	ustees, Kev Fr	nplo	vee	s. a	nd H	liah	est (Compensated Employe	32-017	
(A)	(B)		,,		C)		551	(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c)			that		lv)	compensation	compensation	amount of
	per		T			app I	'y) 	from	from related	other
	week					66		the	organizations	compensatio
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(organization
	related	tee or	istee			ensate				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations
	below	ridua	tutior	er	empl	est c	ler			-
	line)	Indiv	Insti	Officer	Key	High	Former			
27) STEVEN GONZALEZ	5.00									
IRECTOR		х						0.	0.	c c
28) YASMINE WINKLER	5.00									
IRECTOR		х						0.	0.	c c
		1								
					-					
			-	-	-	-				
	+		-	-	-	-				
		-								
			-		-	-				

132201 04-01-21

			ALPFA, INC.				32-0178	401 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin			(-)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b]			
s, G		с	Fundraising events 1c					
Gift: lar /		d	Related organizations 1d					
ns, (imi				242,362.				
tior er S		f	All other contributions, gifts, grants, and					
Dthe			similar amounts not included above 1f					
ont nd (÷.	Noncash contributions included in lines 1a-1f	`	242 262			
<u>a</u> C		h	Total. Add lines 1a-1f	Business Code	242,362.			
	0	~	GENERAL SPONSORSHIPS		3,007,762.	3 007 762		
vice	_		EVENT REGISTRATIONS	900001	519,875.			
Ser			MEMBERSHIP DUES	900001	343,860.			
s me		d	CAREER CENTER	900001	241,313.			
Program Service Revenue		е				-		
Pre		f	All other program service revenue					
		g	Total. Add lines 2a-2f		4,112,810.			
	3		Investment income (including dividends, intere					
			other similar amounts)		1,567.			1,567.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	~	_		(II) Personal				
			Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
anı			and sales expenses					
svenue		С	Gain or (loss) 7c					
r Re			Net gain or (loss)	····· >				
Other Re	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
		L	Part IV, line 18					
			Less: direct expenses 8b Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
		-	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
sr				Business Code				
leot ue	11				<u> </u>	<u> </u>		
ellaneo evenue		b						
Miscellaneous Revenue		c c	All other revenue					
Ï			Total. Add lines 11a-11d	►				
	12		Total revenue. See instructions		4,356,739.	4,112,810.	0.	1,567.
13200				F				Form 990 (2021)

2	Grants and other assistance to domestic			
	individuals. See Part IV, line 22	5,930.		
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,			
	trustees, and key employees	762,651.		
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	995,943.		
8	Pension plan accruals and contributions (include			
-	section 401(k) and 403(b) employer contributions)	30,148.		
9	Other employee benefits	93,707.		
10	Payroll taxes	138,670.		
11	Fees for services (nonemployees):			
	Management			
		201,843.		
		84,476.		
	Accounting	04,470.		
	Lobbying			
	Professional fundraising services. See Part IV, line 17			
	Investment management fees			
g	(°	373,193.		
40	column (A), amount, list line 11g expenses on Sch 0.)	55,172.		
12	Advertising and promotion	18,894.		
13	Office expenses	15,613.		
14	Information technology	13,013.		
15	Royalties	1,000.		
16		92,632.		
17		92,032.		
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials	634,013.		
19	Conferences, conventions, and meetings	034,013.		
20	Interest			
21	Payments to affiliates	467.		
22	Depreciation, depletion, and amortization	19,148.		
23		19,140.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If			
	line 24e amount exceeds 10% of line 25, column (A),			
	amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS	36,754.		
a	BAD DEBT	30,650.		
b	· · · · · · · · · · · · · · · · · · ·			
C	FINANCE CHARGES	2,140.		
d		00 050		
	All other expenses	<u>82,259.</u> 3,675,303.		
25	Total functional expenses. Add lines 1 through 24e	3,0/5,303.		+
26	Joint costs. Complete this line only if the organization			
	reported in column (B) joint costs from a combined			
	educational campaign and fundraising solicitation.			
	Check here if following SOP 98-2 (ASC 958-720)			000
132010) 12-09-21	1 0		Form 990 (2021)

1

ALPFA INC. Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

7b, 8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(A) Total expenses

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

(D) Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

X

Form 990 (
Part X	Balance Sheet

ALPFA, INC.

		Check if Schedule O contains a response or not	te to anv	ine in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			601,604.	1	1,172,297.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			169,860.	4	189,131.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se perso	s		5	
	6	Loans and other receivables from other disquali	fied pers	ns (as defined			
		under section 4958(f)(1)), and persons described	d in secti	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				42,456.	9	141,880.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,174.			
	b	Less: accumulated depreciation	10b	<u> 14,174.</u> 14,174.	467.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			205,753.	15	700,109.
	16	Total assets. Add lines 1 through 15 (must equ			1,020,140.	16	2,203,417.
	17	Accounts payable and accrued expenses			204,507.	17	551,059.
	18	Grants payable				18	
	19	Deferred revenue			643,667.	19	687,212.
	20					20	
	21	Escrow or custodial account liability. Complete				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line					
		of Schedule D			115,869.	25	222,937.
	26	Total liabilities. Add lines 17 through 25			964,043.	26	1,461,208.
		Organizations that follow FASB ASC 958, che			•		
es		and complete lines 27, 28, 32, and 33.					
anc	27				19,877.	27	701,313.
3ali	28	Net assets with donor restrictions			36,220.	28	40,896.
Ιpι		Organizations that do not follow FASB ASC 9			· · ·		
μ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			56,097.	32	742,209.
z	33	Total liabilities and net assets/fund balances			1,020,140.	33	2,203,417.

Form 990 (2021)

Form	990 (2021) ALPFA, INC.	32-	-0178401	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,350		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,675		
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			97.
5	Net unrealized gains (losses) on investments	5	4	1,6	76.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	742	2,2	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?			Х	
	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				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit		
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ΔΤ.ΡΕΔ

	ALPFA,	INC
Organization type (ch	ieck one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

OMB No. 1545-0047

202⁻

Employer identification number

32-0178401

	B (Form 990) (2021)	I	Page 2
Name of c	organization	E	mployer identification number
<u>ALPFA</u>	, INC.		32-0178401
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$242,362	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll On Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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ame of or	ganization	En	ployer identification num
LPFA,	INC.		32-0178401
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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17 2021.04030 ALPFA, INC.

Schedule B (Form 990) (2021)

lame of or	ganization		Employer identification number				
LPFA,	INC.		32-0178401				
Part III	Exclusively religious, charitable, etc., contrib	(a) through (e) and the following line er s, charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of git					
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		 (e) Transfer of git					
-	Transferee's name, address,		Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F		(e) Transfer of gift					
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
23454 11-11-	21		Schedule B (Form 990) (20				

14221019 146892 634996

Department of the Treasury	Complete	if the organization is described	l below. 🕨 Attach to	Form 990 or Form 990-EZ.	Open to Public				
Internal Revenue Service		Go to www.irs.gov/Form990 for	instructions and the I	latest information.	Inspection				
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.								
0		n Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. lir	ne 47 (Lobbving Activities), t	hen				
		have filed Form 5768 (election un							
	•	have NOT filed Form 5768 (election	·	• •					
	0	Form 990, Part IV, line 5 (Proxy	· ·	<i>"</i> 1					
Tax) (See separate ins		11 Orm 330, Part 14, me 5 (Prox)			., Fart v , inte 550 (Froxy				
		tions: Complete Part III.							
Name of organization	,, or (o) organiza			Employ	ver identification number				
······	ALPFA,	TNC			32-0178401				
Part I-A Comp	ete if the ord	janization is exempt unde	er section 501(c) o	or is a section 527 orga					
1 Drovido o doporinti	on of the organi-	ration's direct and indirect politics	l compoign activition ir	Dort IV					
•	•	ation's direct and indirect politica							
		ures		······ · · · · · · · · · · · · · · · ·					
3 Volunteer hours for	r political campa	gn activities							
Part I-B Compl	ete if the oro	anization is exempt unde	er section 501(c)(3	3)					
				-					
		incurred by the organization under							
		incurred by organization manage							
		n 4955 tax, did it file Form 4720 f							
					Yes No				
b If "Yes," describe i Part I-C Compl		anization is exempt unde	r section $501(c)$	except section $501(c)(c)$	3)				
-		•			<i>.</i> ,,,,,,,,,,				
		d by the filing organization for sec							
	0 0	ization's funds contributed to oth	0						
		s. Add lines 1 and 2. Enter here an	,						
		1120-POL for this year?							
		nployer identification number (EIN	-	-					
	-	tion listed, enter the amount paid							
		omptly and directly delivered to a		, ,	segregated fund or a				
· · ·	. ,	additional space is needed, provi							
(a) Nam	e	(b) Address	(c) EIN		(e) Amount of political				
				filing organization's funds. If none, enter -0	contributions received and promptly and directly				
					delivered to a separate				
					political organization.				
If none, enter -0									

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

2021

132041 11-03-21

SCHEDULE C

(Form 990)

Schedule C (Form 990) 2021	ALPFA, 1	INC.		32-0	0178401 Page 2
Part II-A Complete if the org section 501(h)).	anization is	exempt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
	tion belongs to	an affiliated group (and list ir	n Part IV each affiliated o	group member's nam	ne, address, EIN,
• •		bying expenditures).			, , ,
B Check 🕨 📃 if the filing organiza	tion checked b	ox A and "limited control" pro	ovisions apply.		
Limit	ts on Lobbying	g Expenditures s amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public op	pinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ience a legislat	ive body (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	s (add lines 1c	and 1d)			
f Lobbying nontaxable amount. Ente	r the amount f	rom the following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is: T	The lobbying nontaxable am	ount is:		
Not over \$500,000		20% of the amount on line 1e.	·		
Over \$500,000 but not over \$1,000		\$100,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		\$175,000 plus 10% of the exc	· · · · · · · · · · · · · · · · · · ·		
Over \$1,500,000 but not over \$17,		225,000 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)			
h Subtract line 1g from line 1a. If zero		,	Γ		
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer	-				
reporting section 4911 tax for this	year?	· · · · · ·			Yes No
(Some organizations th	nat made a se	ear Averaging Period Under ction 501(h) election do not e separate instructions for lin	have to complete all of	f the five columns b	elow.
		g Expenditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2018	3 (b) 2019	(c) 2020	(d) 2021	(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					
				Sched	lule C (Form 990) 2021

C (Form 990)

132042 11-03-21

Part II-B

of the	lobbying activity.	Yes	No	Amo	unt
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:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
	Mailings to members, legislators, or the public?				
	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				
с	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	, 3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

132043 11-03-21

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(a)

(b)

(election under section 501(h)).

ALPFA, INC.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description

SCHEDULE I)
------------	---

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form	990)
-------	------

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.



Employer identification number

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J 2	· · ·	- / -		

	ALPFA, INC.		32-0178401
Par			counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose conferr	ing
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat		prically important land area
	Protection of natural habitat	Preservation of a certi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
с	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		zation during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements that	at describes the
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e 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		▶ \$
			► \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
	10-28-21		. ,

Sche	dule D (Form 990) 2021 ALPFA ,					32-01			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the	ne organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par			te if the organizatio	n answered "Yes"	on Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•				-		7
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
t	Ending balance								1
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	∟	Yes		∣ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								<u> </u>
1 41		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	hack
4.0	Designing of year belonce	36,220.	35,176.	30,478	. ,	31,254.			424.
	Beginning of year balance			50,170	•	51,251.		<u> </u>	
b	Contributions Net investment earnings, gains, and losses	4,676.	1,044.	4,698		-776.		1	830.
с d	Grants or scholarships	1,0,0.	1,011.	1,000	•	,,,,,		±,	
	Other expenditures for facilities								
e									
f	Administrative expenses								
g		40,896.	36,220.	35,176		30,478.		31	254.
2	Provide the estimated percentage of the curr		,	,	•				
a	Board designated or quasi-endowment	• 0000	%	// Heid as.					
	Permanent endowment 50.2230	%							
	10 000	/°							
-	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posse	-	tion that are held ar	nd administered for	the organiz	ation			
	by:						Г	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulat	ed	(d) Book	value	э
		basis (investm	ient) basis	(other)	depreciation				
1a	Land								
b	Buildings								
с	Leasehold improvements								
	Equipment		1	4,174.	14,1	74.			0.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	(, column (<u>B), line 1</u>	0c.)					0.
						Schedule	D (Form	990)	2021

132052 10-28-21

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ENDOWED INVESTMENTS			40,896
(2) INTERNAL-USE SOFTWARE			659,213
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	▶	700,109
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
			222,937
(2) DUE TO ALPFA FOUNDATION			
(2) DUE TO ALPFA FOUNDATION			
(2) DUE TO ALPFA FOUNDATION (3)			
(2) DUE TO ALPFA FOUNDATION (3) (4)			
 (2) DUE TO ALPFA FOUNDATION (3) (4) (5) 			
(2) DUE TO ALPFA FOUNDATION (3) (4) (5) (6)			
(2) DUE TO ALPFA FOUNDATION (3) (4) (5) (6) (7) (7) (7) (7)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 ALPFA, INC.		32-0178401 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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		
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		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT'S INTENDED USE IS TO PROVIDE SUPPORT FOR LOCAL STUDENTS.

PART X, LINE 2:

THE ORGANIZATION IS INCORPORATED AS A NONPROFIT MUTUAL BENEFIT CORPORATION

UNDER THE LAWS OF THE STATE OF CALIFORNIA AND IS GENERALLY EXEMPT FROM

FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL

REVENUE CODE AND SECTION 23701 (D) OF THE REVENUES AND TAXATION CODE OF

THE STATE OF CALIFORNIA.

THE ASSOCIATION AND THE FOUNDATION HAVE EVALUATED THE CONSOLIDATED

FINANCIAL STATEMENT IMPACT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN Schedule D (Form 990) 2021 132054 10-28-21

25

Schedule D				A, INC
Part XIII	Supple	menta	Information	(continued)

IN THEIR TAX RETURNS. MANAGEMENT HAS DETERMINED THAT NO TAX LIABILITIES

NEED TO BE RECORDED UNDER APPLICABLE ACCOUNTING GUIDANCE FOR THE YEAR

ENDED DECEMBER 31, 2021 AND 2020.

Schedule D (Form 990) 2021

132055 10-28-21

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SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organizati	on ALPFA, IN	с.						Employer identification number $32 - 0178401$
Part I General In	formation on Grants a	nd Assistance						
criteria used to a	ation maintain records t ward the grants or assis	stance?				e e	stance, and the selecti	
Part II Grants an	IV the organization's pro d Other Assistance to nat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a			e line 1 table				· · · · · · · · · · · · · · · · · · ·
	er of other organizations Reduction Act Notice							Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

ALPFA, INC.

32-0178401 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DUCATIONAL SUPPLIES	42	0.	5,930.	FMV	GOOGLE CHROMEBOOKS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ONE TIME DONATION TO THE COMMUNITY WAS RELATED TO COVID-19 ASSISTANCE

AND WAS APPROVED BY MANAGEMENT.

sc	HEDULE J	Compensat	ion Information	I	OMB No. 1	545-004	17
(Fo	rm 990)	-	Trustees, Key Employees, and Highest		20	91	
		Compens	ated Employees		20		ł
Dono	tmont of the Treesury				Open to	Publi	ic
	al Revenue Service				Inspe	ction	
Nan	e of the organization	1					nber
		ALPFA, INC.		32-0	017840	1	
Pa	rt I Question	Regarding Compensation					
		In the Treatary error the Treatary error the Treatary error the reganization			Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of th	e following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant	information regarding these items.				
	First-class or c	harter travel	Housing allowance or residence for person	nal use			
			Health or social club dues or initiation fees	6			
	Discretionary	pending account	Personal services (such as maid, chauffeu	r, chef)			
b	•						
	•	•			1b	_	<u> </u>
2	-						
	trustees, and office	s, including the CEO/Executive Director, regardi	ing the items checked on line 1a?		2		<u> </u>
•							
3							
				on to			
		· · ·	-				
		•		ommittee			
		ner organizations	Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990 Part VII Section	A line 12 with respect to the filing				
-			TA, line Ta, with respect to the hing				
а	-	-			4a		х
b							x
c	ALPFA, INC. 32- I Questions Regarding Compensation 32- 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. 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 900, Part VII, Section A, line 1a, with respect to the filing payment or eimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 900, Part VII, Section A, line 1a, Part III. 900, Part VII, Section A, line 1a, Part III. 900, Part VII, Section A, line 1a, Part III. 900, Part VII, Section A, line 1a, with respect to the filing payment or eimbursing or allowing expenses incurred by all directors, rustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 900, Part VII, Section A, line 1a, With respect to the organization to the stabilish compensation committee 900, With the maphoyment contract 900, Compensation compensation committee 900, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Compensation or a related organization: 900, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 900, Part VII, Section A, line 1a, with respect to the filing organization or a rela					x	
	-						
	,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	ust complete lines 5-9.				
5				n			
а	The organization?				5a		
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		<u> </u>
b							
7							
					7		
8	-			е			
					8		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable pre	sumption procedure described in				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for F	Form 990.	Sched	lule J (Forn	n 990)	2021

132111 11-02-21

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32-0178401

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAMIAN RIVERA	(i)	302,035.	60,000.	0.	5,167.	28,651.	395,853.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SELENE BENAVIDES	(i)	150,576.	20,000.	0.	3,667.	13,636.	187,879.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUSTIN LOPEZ	(i)	132,760.	10,000.	0.	3,570.	22,589.	168,919.	0.
соо	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



32-0178401

ALPFA, INC.

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.

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

THE ORGANIZATION'S MEMBERS ELECT ITS GOVERNING BODY. THE VOTING MEMBERS

INCLUDE THE GENERAL MEMBERS. THE CHAIRMAN, THE VICE CHAIRMAN, 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 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O	(Form 990) 2021
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Name of the organization

ALPFA, INC.

32-0178401

REQUIRED BY LAW.

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

THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMMITEE, 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 12C:

THE BOARD OF TRUSTEES MEETS REGULARLY TO REVIEW AND MONITOR THE

ORGANIZATION'S ACTIVITIES. ALL BOARD MEMBERS ARE COVERED BY THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS SHALL SUBMIT A SIGNED CONFLICT OF INTEREST DISCLOSURE ANNUALLY TO THE BOARD. IF A CONFLICT ARISES, THE MEMBER WITH A CONFLICT OF INTEREST WILL RECUSE THEMSELVES FROM THE DECISION MAKING PROCESS AND VOTING ON TRANSACTIONS. THERE HAVE BEEN NO INCIDENCES OF ANY

CONFLICT IN 2021.

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

COMPENSATION AND MERIT INCREASE RECOMMENDATIONS BY MANAGEMENT ARE REVIEWED BY THE HR COMMITTEE, WHICH PERFORMS MARKET COMPS AND THAT FINAL APPROVAL OF COMPENSATION IS APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET APPROVAL. THIS PROCESS IS DOCUMENTED AND WAS LAST DONE IN MARCH 2021 FOR THE CEO AND NOVEMBER 2021 FOR THE CFO AND COO.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR VIEWING ON THE ORGANIZATION'S

WEBSITE. POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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132212 11-11-21

33 2021.04030 ALPFA, INC. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization ALPFA, INC.	Page 2 Employer identification number 32-0178401
OTHER PROFESSIONAL FEES	104,543.
PAYROLL SERVICES	25,007.
SOFTWARE APPLICATION MANAGEMENT FEES	243,643.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	373,193.
132212 11-11-21 34	Schedule O (Form 990) 2021

132161	11-17-21	LHA

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

ALPFA, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ALPFA FOUNDATION, INC 86-1118036	GRANTING SCHOLARSHIPS TO						
1717 W. 6TH STREET NO. 410	QUALIFIED ACCOUNTING &						
AUSTIN, TX 78703	BUSINESS STUDENTS	CALIFORNIA	501(C)(3)	LINE 7	ALPFA, INC.	X	
	-						
	-						
	-						

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

Open to Public Inspection

Inspection Employer identification number

Schedule R (Form 990) 2021

32-0178401

SCHEDULE R

(Form 990)

Schedule R (Form 990) 2021 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.

organizations treated as a pa		(year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	mana partr	ner?	^D ercentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
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	-											
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	l contr	i) b)(13) rolled tity?
		country)						Yes	No
	-								

Schedule R (Form 990) 2021 ALPFA, INC.

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)	-		
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)		X	
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)		X	_
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALPFA FOUNDATION, INC	Е	222,937.	CASH
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2021 ALPFA, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21

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