EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2023 calendar year, or tax year beginning and	d ending							
B c	Check if applicab	e: C Name of organization		D Employer identifie	cation number					
	Addre	ALPFA, INC.								
	Name		32-01784	01						
	Initial	No. 1. 1. 1. (as D.O. have "force") "a net dellarge data structure dellarge")	e E Telephone number							
	 Final return	1717 W. 6TH STREET	410	855-692-						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	479,231.					
	Amen return	AUSIIN, IX 70703		H(a) Is this a group re	eturn					
	Applic tion	F Name and address of principal officer: DARITAN RIVERA		for subordinates	? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
		empt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1)	or 52	- , , , , , , , , , , , , , , , , , , ,	list. See instructions					
	Nebsi			H(c) Group exemption						
		f organization: X Corporation Trust Association Other	L Yea	r of formation: 1972 N	I State of legal domicile: CA					
Pa	art I	Summary								
ė	1	Briefly describe the organization's mission or most significant activities: <u>TO E</u>								
anc		MEN AND WOMEN AS LEADERS OF CHARACTER FOR		· · · · · · · · · · · · · · · · · · ·						
Activities & Governance	2	Check this box X if the organization discontinued its operations or dispo			ets. 21					
Š	3				21					
જ	4		bendent voting members of the governing body (Part VI, line 1b)							
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			<u> </u>					
ť		Total number of volunteers (estimate if necessary)			0.					
A	h h			7b	0.					
	<u> </u>			Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		0.	0.					
nue	9	Program service revenue (Part VIII, line 2g)		7,084,425.	479,231.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
£	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)		7,084,425.	479,231.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110,000.	1,004,856.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		1,980,053.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
, and the second	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 246 156	1.4.0.01.0					
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,346,176.	149,219.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,436,229.	1,154,075.					
	19	Revenue less expenses. Subtract line 18 from line 12		648,196.	-674,844.					
ts or				Beginning of Current Year	End of Year					
Assets Balanc	20	Total assets (Part X, line 16)		<u>2,355,920</u> 968,707.	<u>715,927.</u> 0.					
let A	1	Total liabilities (Part X, line 26)		1,387,213.	715,927.					
	art II	Net assets or fund balances. Subtract line 21 from line 20		1,307,413.	110,941.					

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 EIN 91-0189318							
Use Only	Firm's address 4747 EXECUTIVE DR	IVE										
	SAN DIEGO, CA 921	21			Phone no. 858-627-1400							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) ALPFA, INC.	32-0178401	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO EMPOWER AND DEVELOP LATINO MEN AND WOMEN AS LEADERS	OF CHARACTER	
	FOR THE NATION, IN EVERY SECTOR OF THE GLOBAL ECONOMY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? X Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	thers, the total expenses, ar	nd
40	revenue, if any, for each program service reported.	evenue \$	
4a	(Code:) (Expenses \$ including grants of \$) (R MAINTAINING 45 PROFESSIONAL CHAPTERS AND APPROXIMATELY)
	PROFESSIONAL AND STUDENT MEMBERS ACROSS THE COUNTRY. IN		
	NETWORKING AND PROFESSIONAL LEADERSHIP DEVELOPMENT OPPO		R
	MEMBERS HAVE ACCESS TO 50,000 PAID SUMMER INTERNSHIPS 7		DS
	OF FORTUNE 1000 CORPORATE PARTNERS. WE ASPIRE TO BE THI		
	PARTNER OF CHOICE FOR COMPANIES SEEKING TO HIRE AND DEV	/ELOP LATINO	
	TALENT.		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4c	(Code:) (Expenses \$) (R	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		
		Form 9	90 (2023)
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	<u>990 (2023)</u> ALPFA, INC. 32-0178	401	Р	_{age} 3
Par	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)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	-		
Ŭ		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	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,		v	
	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			37
	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	<u> </u>
	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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? <i>If</i> "Yes."			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21	х	
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Form 990 (2023) 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		X
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	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		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	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,			<u> </u>
	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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
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		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	Х	
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	Х	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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?	00	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטא א טוופטעוב ט טווגמווז מ ובשטיושב טו זוטנב נט מוץ וווים וו נווש רמוג ע		Vcc	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ia b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(aambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		52 0170	101		age •					
					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100						
	filed for the calendar year ending with or within the year covered by this return	2a	0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	·	•	2b							
				3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country		,								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th										
	any contributions that were not tax deductible as charitable contributions?			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons oi	gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired								
	to file Form 8282?			7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		L					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e								
	sponsoring organization have excess business holdings at any time during the year?			8							
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		 					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:	ı.	1								
	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	I	1								
	Gross income from members or shareholders	<u>11a</u>									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
h	Note: See the instructions for additional information the organization must report on Schedule O.										
U	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	I								
~		130 13c									
	Enter the amount of reserves on hand		•	14a		X					
				14a 14b							
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					<u> </u>					
15	excess parachute payment(s) during the year?			15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.			15							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		x					
10	If "Yes," complete Form 4720, Schedule O.			10							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio	3								
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		1					
	If "Yes," complete Form 6069.										
332005	12-21-23			Form	990	(2023)					
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Form 990 (2023) ALPFA, INC

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	through 7b below, a	and for a "N	lo" re	spon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	D. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>			
Sect	tion A. Governing Body and Management					_
		1 1	.	_	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain 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	p with any other				
	officer, director, trustee, or key employee?		L	2		
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervisior	ו ו			
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?	L	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?		L:	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		;	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?		8	Ba	Х	
	Each committee with authority to act on behalf of the governing body?			3b	Х	Γ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		Γ			Γ
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?		1	0a	Х	Γ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					Γ
			1	0b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			1a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 0				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		1	2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		·····	2b	Х	F
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "		·····			F
	on Schedule O how this was done	,	1	2c	Х	
	Did the organization have a written whistleblower policy?			13	X	⊢
	Did the organization have a written document retention and destruction policy?		····· –	14	X	⊢
	Did the process for determining compensation of the following persons include a review and approva		·····			F
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
~	The organization's CEO, Executive Director, or top management official			5a		
D	Other officers or key employees of the organization		······ -	5b		F
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			•		
	taxable entity during the year?			6a		ŀ
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
2001	exempt status with respect to such arrangements?		<u> </u>	6b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 5	i01(c)(3)s oi	nly) a	vailal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule O)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	olicy, and fir	nanci	al	
19	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 bo	oks and records				
20	DAMIAN RIVERA - 646-242-6322	oks and records				
20		oks and records			-	
20	DAMIAN RIVERA - 646-242-6322	oks and records	F	orm	990	(20

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Form 990 (2023) ALPFA, INC.	32-0178401	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year er	U	

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, box 6 of 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	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	box, unless per officer and a di			is both	n an	compensation	compensation	amount of
	week		<u> </u>					from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	-	m ploy	st col	5	1000 1120)		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAMIAN RIVERA	0.10									
CEO	50.00			х				0.	379,568.	50,775.
(2) SELENE BENAVIDES	0.10									
CFO	50.00			Х				0.	200,104.	32,057.
(3) ANTHONY CURTIS	0.10									
CHAIR	1.00	Х		Х				0.	0.	0.
(4) MARCELA ALDAZ-MATOS	0.10									
IMMEDIATE PAST CHAIR	1.00	Х		Х				0.	0.	0.
(5) IXCHELL DUARTE	0.10									
TREASURER	1.00	Х		Х				0.	0.	0.
(6) YASMINE WINKLER (IGGY)	0.10									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(7) MARIE ROBLES	0.10									
SECRETARY	1.00	Х		Х				0.	0.	0.
(8) ARACELY GODINEZ	0.10									
DIRECTOR	1.00	Х						0.	0.	0.
(9) CHAD WORKMAN	0.10									
DIRECTOR	1.00	Х						0.	0.	0.
(10) MONICA MARQUEZ	0.10									_
DIRECTOR	1.00	Х						0.	0.	0.
(11) ENEIDA ROMAN	0.10									
DIRECTOR	1.00	Х						0.	0.	0.
(12) ENNA JIMENEZ	0.10									
DIRECTOR	1.00	х						0.	0.	0.
(13) ERNEST CORDOVA	0.10									
DIRECTOR	1.00	Х						0.	0.	0.
(14) EVEKA RODRIGUEZ	0.10								•	•
DIRECTOR	1.00	Х						0.	0.	0.
(15) JOEL BENCOSME	0.10								•	•
DIRECTOR	1.00	х				<u> </u>		0.	0.	0.
(16) JOEL PEREZ	0.10								•	•
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
(17) JOSEPH LORETTO	0.10	37							<u>^</u>	0
DIRECTOR 332007 12-21-23	1.00	Х						0.	0.	0 • Form 990 (2023)

332007 12-21-23

Form 990 (2023)

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Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) (B) (C) (D) (E)											(F)		
	Name and title	Average Position						ne	Reportable	Reportable	E	stimate	ed	
		hours per	hours per box, unless person is both an						compensation	compensatio	ion amour		nount	of
		week					i/irus	lee)	- from	from related			other	
		(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MIS			npensa rom th	
		related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	0/		ganizat	
		organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)			۲ I	d relat	
		below	/idual	tution	er	em plo	lest co	ner			l	org	anizati	ons
		line)	Indiv	Insti	Officer	Key	High	Former						
	DK BARTLEY	0.10									-			
DIRE		1.00	Х						0.		0.			0.
	STEVEN GONZALEZ	0.10									•			•
DIRE		1.00	Х						0.		0.			0.
	PATRICIA PACHECO	0.10									•			•
DIRE		1.00	Х	-					0.		0.			0.
	SANDRA PATTERSON	0.10									~			~
DIRE		1.00	Х						0.		0.			0.
	NILZA SERRANO	0.10							•		^			0
DIRE		1.00	Х	-					0.		0.			0.
	ANGELICA URQUIJO	0.10	v						0		^			0
DIRE	CTOR	1.00	Х	-					0.		0.			0.
											l			
											l			
				\vdash										
1h	Subtotal								0.	579,67	12.	8	2,8	32.
۰۵ د	Total from continuation sheets to Part V	II Section A						•	0.	0,0,0,	0.			0.
	Total (add lines 1b and 1c)								0.	579,67		8	2,8	
2	Total number of individuals (including but r													
	compensation from the organization						,		,					0
													Yes	No
3	Did the organization list any former officer	, director, trust	ee, ł	key e	empl	loye	e, or	hig	hest compensated empl	loyee on	l			
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the s										l			
	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	Х	
5	Did any person listed on line 1a receive or										l			
	rendered to the organization? If "Yes," cor	nplete Schedule	e J f	or su	ıch i	pers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•								ensa	tion fr	эm	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A) Name and business	addraaa		~ ` T	_				(B)	omiooo	c		C)	~
	Name and Dusiness	address	N	ONE	5				Description of s	ervices		ompe	ensatio	
								_						
2	Total number of independent contractors (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100.000 of compensation from the organ					(

ALPFA, INC.

Form 990 (2023)

Form **990** (2023)

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			ALPFA, INC.				32-0178	401 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(P)	(0)	
					(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					
, G⊔ Mno			Fundraising events 1c					
àifts ar A			Related organizations 11					
s, 0 imil		е	Government grants (contributions)					
tion sr Si		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f					
ontr od C		-	Noncash contributions included in lines 1a-1f					
<u>a</u> C		h	Total. Add lines 1a-1f					
	~	_	GENERAL SPONSORSHIPS	Business Code 900099	330,205.	330,205.		
/ice			MEMBERSHIP DUES	900099	146,776.	146,776.		
Serv			EVENT REGISTRATIONS	900099	2,250.	2,250.		
m (d						
Program Service Revenue		e						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f		479,231.			
	3		Investment income (including dividends, intere					
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
	-		(i) Real	(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				
	•	ŭ	assets other than inventory 7a					
		b	Less: cost or other basis					
an			and sales expenses					
venue		с	Gain or (loss) 7c					
			Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses)				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
		۲	Part IV, line 19 9a Less: direct expenses 9b					
			Gross sales of inventory, less returns					
		ŭ	and allowances					
		b	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
				Business Code				
sou: e	11	а						
evenue:		b						
Miscellaneous Revenue		с						
Mis			All other revenue					
			Total. Add lines 11a-11d		479,231.	479,231.	0.	0.
33200	12		Total revenue. See instructions		<u>+/),</u> 4)1.	<u> </u>	. 0.	Form 990 (2023)
JJ200	J 12-	<u>- ا -</u>	20					(2023)

0000	Check if Schedule O contains a response				
	Check if Schedule O contains a respons	e or note to any line in ti (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	(B) Program service expenses	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,004,856.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	2,500.			
		15,242.			
С	Accounting	13,242.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	25,478.			
12	Advertising and promotion	7,905.			
13	Office expenses	473.			
14	Information technology	748.			
15	Royalties				
16	Occupancy				
17		16,291.			
	F	10,251.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40,373.			
19	Conferences, conventions, and meetings	40,3/3.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	TRANSFORMATION EXPENSES	31,950.			
b	DEVELOPMENT AND TRAININ	5,207.			
с	DUES & SUBSCRIPTIONS	3,052.			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,154,075.			
<u>25</u> 26	Joint costs. Complete this line only if the organization				
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				– – – – – – – – – –

Form 990 (2023)

ALPFA INC. Part IX Statement of Functional Expenses

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

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Form 990 (2023)

Form 990 (
Part X	Balance Sheet

ALPFA, INC.

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,060,462.	1	73,528.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			221,926.	4	7,500.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se persoi	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	d in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				93,615.	9	172,017.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>14,174.</u> 14,174.			
	b	Less: accumulated depreciation	10b	14,174.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			979,917.	15	462,882.
	16	Total assets. Add lines 1 through 15 (must equ			2,355,920.	16	715,927
	17	Accounts payable and accrued expenses			391,010.	17	
	18	Grants payable				18	
	19	Deferred revenue			460,322.	19	0.
	20					20	
	21	Escrow or custodial account liability. Complete	Part IV o	Schedule D		21	
ø	22	Loans and other payables to any current or form	ner office	r, director,			
litie		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persoi	ns		22	
	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	irties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			117,375.		0.
	26	Total liabilities. Add lines 17 through 25			968,707.	26	0.
		Organizations that follow FASB ASC 958, che	ck here	X			
See		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			1,349,509.	27	674,665. 41,262.
Ba	28	Net assets with donor restrictions			37,704.	28	41,262.
pu		Organizations that do not follow FASB ASC 9	58, chec	k here			
Ĕ		and complete lines 29 through 33.					
0 S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, o	other funds		31	
Net Net	32	Total net assets or fund balances			1,387,213.	32	715,927.
-	33	Total liabilities and net assets/fund balances			2,355,920.	33	715,927.

Form 990 (2023)

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Form	n 990 (2023) ALPFA, INC.	32-	0178401	Pag	_{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	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,154		
3	Revenue less expenses. Subtract line 2 from line 1	3	-674		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,387		
5	Net unrealized gains (losses) on investments	5		3,5	58.
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	715	5,9	27.
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	• O.			
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?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	•		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	Ĺ

Form **990** (2023)

SCHEDULE C	
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Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Emplo	over identification number
	ALPFA,	INC.				32-0178401
Pa	rt I-A Complete if the org	anization is exempt unde	er section 501(c) of	or is a section 52	7 org	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	rt I-B Complete if the org	anization is exempt unde	er section 501(c)(3).		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by organization manage n 4955 tax, did it file Form 4720 f	rs under section 4955 for this year?		\$	Yes No
Pa	Int I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 5	01(c)	(3).
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures	ization's funds contributed to oth	ner organizations for se	ection 527		
3					۴	
4 5	line 17b Did the filing organization file Form Enter the names, addresses, and er made payments. For each organiza contributions received that were pro political action committee (PAC). If	1120-POL for this year?nployer identification number (EII tion listed, enter the amount paid pomptly and directly delivered to a	N) of all section 527 pc I from the filing organiz separate political orga	litical organizations to ation's funds. Also ent anization, such as a se	which er the	n the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	ı's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		1	1	1		1

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

Schedule C (Form 990) 2023	ALPFA	, INC.				178401 Page 2		
	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).								
A Check if the filing organizat	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,		
expenses, and share	e of exces	s lobbying e	expenditures).					
B Check if the filing organizat	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		-		
		oying Expe eans amou	nditures Ints paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	ence publ	ic opinion (prassroots lobbying)					
b Total lobbying expenditures to influ	-							
c Total lobbying expenditures (add lir								
d Other exempt purpose expenditure								
e Total exempt purpose expenditures			`					
f_Lobbying nontaxable amount. Ente	•							
If the amount on line 1e, column (a) or			bying nontaxable am					
not over \$500,000,	(2) 101		the amount on line 1e.					
over \$500,000 but not over \$1,000	.000		00 plus 15% of the exc					
over \$1,000,000 but not over \$1,50			00 plus 10% of the exc					
over \$1,500,000 but not over \$17,0			00 plus 5% of the exce					
over \$17.000.000.	,,	\$1,000,						
g Grassroots nontaxable amount (en	ter 25% of	1						
h Subtract line 1g from line 1a. If zero		,						
i Subtract line 1f from line 1c. If zero								
j If there is an amount other than zer	-							
reporting section 4911 tax for this					[Yes No		
			eraging Period Under					
(Some organizations th		a section 5		have to complete all o	of the five columns be	elow.		
	Lobi	oying Expe	nditures During 4-Yea	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) :	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a Lobbying nontaxable amount								
b Lobbying ceiling amount								
(150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount								
(150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990) 2023

332042 11-06-23

11291113 146892 634996

2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912

d If the fili	ing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sec	ction
	501(c)(6).		

			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?	2	Х		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		Х	

		frganization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		Л
Part	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or	sec	tion	
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) P	art 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 political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	
Par	t IV Supplemental Information		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

of the lobbying activity.

or referendum, through the use of:

1

f

g

i Other activities?

ALPFA, INC. Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

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

a Volunteers? **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body?

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

j Total. Add lines 1c through 1i

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

3	2-	0	17	8	401	Page 3

(b)

Amount

(a)

No

Yes

Schedule C (Form 990) 2023

		Supplement	al Financial Statements	-		OMB No. 154	5-0047
	HEDULE D		202				
(Forr	n 990)	2b.			.3		
	ment of the Treasury		Open to F Inspectio				
-	I Revenue Service e of the organization		0 for instructions and the latest informa		Emple	oyer identification	
		ALPFA, INC.				32-017840	
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		or Ac	count	S. Complete if the	•
	organization		(a) Donor advised funds	(b) Fund	s and other accoun	ts
1	Total number at or	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v		ed fund	s		
	-	n's property, subject to the organization's	-			Yes	No No
6		on inform all grantees, donors, and donor a					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ng		
	impermissible priva					Yes	No No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).				
	Preservation	of land for public use (for example, recrea	tion or education) 🛛 🗌 Preservation or	f a histo	rically in	nportant land area	
	Protection o	f natural habitat	Preservation o	f a certi	fied histe	oric structure	
	Preservation	of open space					
2		through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor			
	day of the tax year				ŀ	Held at the End of the	Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage rest	ricted by conservation easements			2b		
С		vation easements on a certified historic stru			2c		
d		vation easements included on line 2c acqu					
		ture listed in the National Register			2d		
3	Number of conserve	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	zation di	uring the tax	
4		 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
Ū		orcement of the conservation easements it				Yes	No
6	•	r hours devoted to monitoring, inspecting,					
		3 , 1 , 3 ,	5			5,	
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion eas	ements	during the year	
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirements of section 170/h)(4)(B)(i)			
		(4)(B)(ii)?	• • • •			Yes	No
9		be how the organization reports conservation					
		d include, if applicable, the text of the footn	•			bes the	
	organization's acc	ounting for conservation easements.					
Pa	t III Organiza	ations Maintaining Collections of	[•] Art, Historical Treasures, or Ot	her 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 a	nd bala	nce she	et works	
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, education, or research in fu	ırtheran	ce of pu	llic	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.			
b	-	elected, as permitted under FASB ASC 95					
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furth	nerance	of publi	ic service,	
	-	ng amounts relating to these items.					
		ded on Form 990, Part VIII, line 1					
		ed in Form 990, Part X					
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financia	l gain, p	orovide		

	the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
	Assets included in 1 on 1990, 1 at A

LHA	For Paperwork Reduction	Act Notice,	see the	Instructions	for Forn	n 990
332051	09-28-23					

\$ \$

17 2023.05000 ALPFA, INC.

Sche	dule D (Form 990) 2023 ALPFA ,							78401		age 2	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or C	other \$	Similar /	Assets	(contin	ued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ake sigi	nificant us	e of its		-		
	collection items (check all that apply).										
а	Public exhibition	d	Loan or exc	hange program							
b	e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they further t	ne organization's	exemp	ot purpose	e in Part	XIII.			
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other s	imilar a	ssets		_		_	
	to be sold to raise funds rather than to be ma							Yes		No	
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "Yes	s" on Fo	orm 990, F	Part IV, li	ne 9, or			
1a	Is the organization an agent, trustee, custodi		liarv for contribution	ns or other asset	s not in	ncluded					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII						····· <u> </u>]	
								Amount			
с	Beginning balance					1c					
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo					/?		Yes		No	
b	If "Yes," explain the arrangement in Part XIII.]	
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part IV,	line 10.						
		(a) Current year	(b) Prior year	(c) Two years b	ack (d	d) Three yea	ars back	(e) Four	years	back	
1a	Beginning of year balance	37,704.	40,896.	36,2	20.	3	5,176.		30,	478.	
b	Contributions										
С	Net investment earnings, gains, and losses	3,558.	-3,192.	4,6	76.		1,044.		4,	698.	
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	41,262.	37,704.	,	96.	3	6,220.		35,	176.	
2	Provide the estimated percentage of the curr)) held as:							
а	Board designated or quasi-endowment	.0000	_%								
b	Permanent endowment 49.7770	%									
с		%									
•	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	na administered	for the			Г	Yes	No	
	organization by:								103	X	
	(i) Unrelated organizations?(ii) Related organizations?							3a(i) 3a(ii)		X	
h	If "Yes" on line 3a(ii), are the related organizations?	tions listed as require						3b			
4	Describe in Part XIII the intended uses of the							00			
Par	t VI Land, Buildings, and Equipm		which turids.								
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990, Pa	art X, lir	ne 10.					
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Acc	cumulated		(d) Book	value	e	
		basis (investm	• • •	(other)	• •	reciation		()			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment		1	4,174.		14,17	4.			0.	
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	<i>(B</i>))						0.	
								D (Form	990)	2023	

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
.,	Description		(b) Book value
(1) ENDOWED INVESTMENTS			41,262
(2) DUE FROM RELATED PARTY			421,620
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities	<u>и. (В))</u>		462,882
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990 Part X line 25	
(a) Description of lightlity			. (b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<u>и. (B))</u>		

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

Schedule D (Form 990) 2023

332053 09-28-23

X

Sche	dule D (Form 990) 2023 ALPFA, INC .		32-0178401 Page 4
	t 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		2e
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	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
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		
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	4a	
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 X, 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 ASSOCIATION 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) 2023 332054 09-28-23 20

	(Form 990) 202		PFA,	
Part XIII	Supplemer	ital Information	on _{(con}	tinued)

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, 2023 AND 2022.

Schedule D (Form 990) 2023

332055 09-28-23

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21 2023.05000 ALPFA, INC.

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		j	Attach to Forn				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization ALPFA, I	NC.						Employer identification number $32 - 0178401$
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's part IV the organization's part IV the organization or part IV the organization or	sistance?						on XYes No
Part II Grants and Other Assistance t recipient that received more that	-				anization answered	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	eu. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALPFA FOUNDATION, INC 1717 W. 6TH STREET, 410 AUSTIN, TX 78703	86-1118036	501(C)3	0.	1,004,856.	воок	INTERNAL-USE SOFTWARE	TRANSFER TO RELATED PARTY
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 							1. <u>1.</u> 0.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

332102	11-01-23

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other)

Dort IV Supplemental Information Dravida the information rea					
Dart IV Supplemental Information Provide the information real	uirod in Dart I lin	0 2. Dort III. column	(b): and any other ac	Iditional information	

23

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:

GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS AND MONITORED BY THE

ASSOCIAITON'S ACCOUNTING DEPARTMENT.

Schedule I (Form 990) 2023

ALPFA, INC.

32-0178401

(f) Description of noncash assistance

Page **2**

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47	
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			2023		,	
			2023				
Depa	tment of the Treasury		Open to Public				
Intern	al Revenue Service		Inspection				
Nan	e of the organization		Employer i			nber	
		ALPFA, INC.	32-0	017840	L		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffer	ir, chet)				
b	If any of the bayes	on line to are checked, did the exception follow a written policy recording powerst or					
D	-	on line 1a are checked, did the organization follow a written policy regarding payment or		41			
•	•			<u>1b</u>			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
5		ctor. Check all that apply. Do not check any boxes for methods used by a related organization s					
		ation of the CEO/Executive Director, but explain in Part III.	51110				
	Compensation						
	·	ompensation consultant Compensation survey or study					
	·	ther organizations Approval by the board or compensation of	ommittee				
			Ommillee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	•	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				X	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X	
		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the r	evenues of:					
а	The organization?			5a			
		ation?					
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the n	et earnings of:					
а	The organization?			6a		 	
		ation?					
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lir	ies 5 and 6? If "Yes," describe in Part III		7		 	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe			1	
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8			
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?	<u></u>	9			
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2023	

LHA 332111 11-06-23

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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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and 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)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	313,500.	66,000.	68.	17,291.	33,484.	430,343.	0.
(2) SELENE BENAVIDES	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	166,400.	33,600.	104.	10,848.	21,209.	232,161.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

Schedule J (Form 990) 2023

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.

PART I, LINE 3:

ALPFA, INC.'S (THE "ASSOCIATION") RELATED PARTY ALPFA FOUNDATION, INC. (THE

"FOUNDATION") SETS COMPENSATION FOR THE ASSOCIATION'S CEO BASED ON ONE OR

MORE OF THE METHODS DESCRIBED IN SCHEDULE J, PART I, LINE 3.

Schedule J (Form 990) 2023

SCHEDU (Form 990)		-	omplete if the organiz	ination, Dissol zation answered "Yes" o rtified copies of any artic	n Form 990, Part IV, line	s 31 or 32, or Form 9		ts	омв №. 20	<u>1545-00</u>	_
Department of f Internal Revenu	the Treasury Je Service		Go to	Attach to Form 990 o www.irs.gov/Form990 f).			Open t Insp	to Pub ection	lic
Name of the	e organizatio	n ALPFA,	INC.					Employer ide 32-0	entificatio 17840		ber
	Liquidation, space is need	,	olution. Complete th	is part if the organization a	answered "Yes" on Form	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pa	rt I can be dup	licated if a	addition	nal
1	(a) Description distributed o expens	r transaction	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of	of recipient	recipi tax-exen	C section pient(s) (if mpt) or ty entity	
										Yes	No
	-	cer, director, trustee, o		•					20		
b Beco	me an emplo	vee of, or independen	it contractor for, a suc	anization? ccessor or transferee organ	nization?				. <u>2a</u> 2b		
c Beco	me a direct o	or indirect owner of a s	successor or transfere	e organization?					2c		
d Rece				r payments as a result of th					2d		

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990) 2023

332151 09-12-23

Schedu	le N (Form 990) 2023	ALPFA, INC.	32-0178401		Page 2
Part I	Liquidation, Termination, or I	Dissolution (continued)			
N	ote: If the organization distributed	all of its assets during t	he tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0	Yes	No
3 D	id the organization distribute its as	ssets in accordance with	n its governing instrument(s)? If "No," describe in Part III3		
4a ls	the organization required to notify	/ the attorney general or	other appropriate state official of its intent to dissolve, liquidate, or terminate?		
b lf	"Yes," did the organization provid	e such notice?	44		
5 D	id the organization discharge or pa	ay all of its liabilities in a	ccordance with state laws?		
6a D	id the organization have any tax-e	xempt bonds outstandin	g during the year?		
b lf	"Yes" to line 6a, did the organizat	ion discharge or defease	e all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6		
Lf	"Yes" on line 6b, describe in Part	III how the organization	defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.		
Part II	Sale, Exchange, Disposition, o	or Other Transfer of Mo	ore Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, I	ne 32,	or
	Form 990-EZ, line 36. Part II car	n be duplicated if additio	onal space is needed.		
1	(a) Description of asset(s)	(b) Date of	(c) Fair market value of (d) Method of (e) EIN of recipient (f) Name and address of recipient (g)	RC sectio	n of

(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
			BOOK VALUE NET		ALPFA FOUNDATION INC.	
			ACCUMULATED		801 S. GRAND AVENUE NO. 400	
AL-USE SOFTWARE	12/31/23	1,004,856.	AMORTIZATION	86-1118036	LOS ANGELES, CA 90017	501C3
	distributed or transaction	distributed or transaction distribution expenses paid	distributed or transaction expenses paid distribution asset(s) distributed or amount of transaction expenses	distributed or transaction expenses paid distribution asset(s) distributed or amount of transaction expenses determining FMV for asset(s) distributed or transaction expenses BOOK VALUE NET ACCUMULATED	distributed or transaction expenses paid distribution asset(s) distributed or amount of transaction expenses determining FMV for asset(s) distributed or transaction expenses BOOK VALUE NET ACCUMULATED	distributed or transaction expenses paid distribution asset(s) distributed or amount of transaction expenses determining FMV for asset(s) distributed or transaction expenses ALPFA FOUNDATION INC. BOOK VALUE NET BOOK VALUE NET BOOK SOLUCIATED BOI S. GRAND AVENUE NO. 400

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a	X	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		Х
с	Become a direct or indirect owner of a successor or transferee organization?	2c		Х
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		Х
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. SEE PART III			

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2E:

BOARD OF DIRECTORS

PART II, LINE 2E:

ALPFA, INC. (THE "ASSOCIATION") IS THE RELATED PARTY OF ALPFA FOUNDATION,

INC. (THE "FOUNDATION"). DURING 2023, ALL OF THE ASSOCIATION'S BOARD OF

DIRECTORS BECAME BOARD OF DIRECTORS OF THE FOUNDATION.

332153 09-12-23

11291113 146892 634996

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 III, LINE 3, CHANGES IN PROGRAM SERVICES:

ALPFA, INC. (THE "ASSOCIATION") IS TRANSITIONING ITS CHARITABLE

ACTIVITIES TO ITS RELATED PARTY ALPFA FOUNDATION, INC. (THE

"FOUNDATION"). THIS STRATEGIC DECISION TO OPERATE CHARITABLE ACTIVITIES

PRIMARILY OUT OF THE FOUNDATION WAS APPROVED BY THE BOARD OF DIRECTORS

IN SEPTEMBER 2022. THEREFORE, STARTING LATE 2022, PROGRAMS AND

SCHOLARSHIPS HAS DECREASED IN THE ASSOCIATION AND WILL CONTINUE TO

DECREASE IN 2023 AND BEYOND.

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

 For Paperwork
 Reduction
 Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 332211
 11-14-23
 20

Name	of the or	ganization ALP	FA,	INC.							Employer identification number 32-0178401
AND	THE	SECRETARY	ARE	ELECTED	то	THE	BOARD	BY	THE	GENERAL	MEMBERSHIP.
FORI	vr 99(), PART VI	SE	ייידראי א	т.тт	NE 71	а.				

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 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 2023.

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. 332212 11-14-23 Schedule O (Form 990) 2023 31

Employer identification number 32 - 0178401

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

THE ASSOCIATION HAS NO EMPLOYEES AND ALL WORK IS DONE BY ITS RELATED

PARTY THE FOUNDATION. CEO DAMIEN RIVERA'S COMPENSATION IS PAID BY THE

FOUNDATION. HIS COMPENSATION IS APPROVED BY THE FOUNDATION'S BOARD

AFTER REVIEW BY AN INDEPENDENT COMPENSATION COMMITTEE INCLUDING

ANALYSIS OF COMPARABILITY DATA.

332212 11-14-23

11291113 146892 634996

32 2023.05000 ALPFA, INC.

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.

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

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 Part II 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		3) i12(b)(13) iolled 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	
	-						
	-						

33

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

Schedule R (Form 990) 2023

23 Open to Public Inspection

Employer identification number

32-0178401

SCF	IEDULE	R
/		

(Form 990)

Schedule R (Form 990) 2023 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		(your.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	0	(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	aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
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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	512(b contr	i) b)(13) rolled iity?
		country)				400010		Yes	No

Schedule R (Form 990) 2023 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		X	
f Dividends from related organization(s)			
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)			
Performance of services or membership or fundraising solicitations for related organization(s)	11		
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	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	\bot
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	421,620.	CASH
(2) ALPFA FOUNDATION, INC	В	1,004,856.	FMV
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2023 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) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) (f) (g) (h) (i) (j) (k) Mame, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) (f) (g) Share of total income Dispropri- total income Dispropri- total allocations? General or managing partner? Me Mame, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, or(s)? Ke Mame Mame Name Share of total income Share of total Share of end-of-year assets Dispropri- (Form 1065) General or We Mame	(a)	(b)	(c)	(d)	6	~)	(f)	(g)	()	b)	(i)	(j)	(k)
Initial control Initial control <thinitial control<="" th=""> <thinitial control<="" th=""> I</thinitial></thinitial>			Legal domicile	Predominant income	Are	e all	Share of			ropor-	Code V-LIBI	General	
country) excluded from tax under sections 512-514) income assets under (Form 1065) yes No	of entity	i milary docivity	(state or foreign	(related, unrelated,	501(c)(3)	total		tior alloca	tions?	amount in box 20	managir	ownership
	, ,		country)	sections 512-514)	Ves		income			No	(Form 1065)		1 .
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Schedule R (Form 990) 2023

Part VII Supplemental Information

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

332165 09-28-23

11291113 146892 634996

37 2023.05000 ALPFA, INC.

Form 8879-TE		IRS E-file Signatu for a Tax Ex	re Authorizatior	ר ו	OMB No. 1545-0047
	For calendar year 20	23, or fiscal year beginning			0000
Department of the Treasury	,		Keep for your records.		2023
Internal Revenue Service		Go to www.irs.gov/Form8879	TE for the latest information	-	
Name of filer				EIN or SSN	
ALPFA,			~	32-01	78401
Name and title of officer or pe	rson subject to tax		S		
Part I Type of	Poturn and De	CFO eturn Information			
51			antau tha ann liagh la anna unt if		
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents ount on that line fo	re using this Form 8879-TE and o s. For all other forms, enter whole or the return being filed with this -0-). But, if you entered -0- on the	e dollars only. If you check the form was blank, then leave line	box on line 1a, 2a, 3 box 1b, 2b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, ôb, 7b, 8b, 9b, or 10b,
1a Form 990 check h	iere	b Total revenue, if any (For	m 990, Part VIII, column (A), lir	ne 12)	1b
2a Form 990-EZ che	ck here		m 990-EZ, line 9)		2b
3a Form 1120-POL	heck here	b Total tax (Form 1120-POI	., line 22)		3b
4a Form 990-PF che	ck here		t income (Form 990-PF, Part)		4b
5a Form 8868 check	here		line 3c)		5b 6b 0.
6a Form 990-T chec	k here X		rt III, line 4)		
7a Form 4720 check		b Total tax (Form 4720, Par	t III, line 1)		7b
8a Form 5227 check			tax year (Form 5227, Item D)		Bb
9a Form 5330 check	here	b Tax due (Form 5330, Part	II, line 19)		9b
10a Form 8038-CP ch		b Amount of credit payme	nt requested (Form 8038-CP,	Part III, line 22)	10b
		ture Authorization of Off	·		
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv personal identification nun PIN: check one box only X I authorize MO	ution account indic t the entry to this prior to the paym e confidential info nber (PIN) as my s SS ADAMS	S. Treasury and its designated f cated in the tax preparation soft account. To revoke a payment, I ent (settlement) date. I also auth irmation necessary to answer inq ignature for the electronic return LLP ER0 firm name 023 electronically filed return. If I	vare for payment of the federa must contact the U.S. Treasu orize the financial institutions i uiries and resolve issues relate and, if applicable, the consen	I taxes owed on this ra ry Financial Agent at 1 nvolved in the process ed to the payment. I h t to electronic funds w to enter my PIN	eturn, and the -888-353-4537 no sing of the electronic ave selected a vithdrawal. N 78401 Enter five numbers, but do not enter all zeros
on the return's c As an officer or return. If I have i	lisclosure consent person subject to ndicated within th	charities as part of the IRS Fed/ screen. tax with respect to the entity, I w is return that a copy of the return r my PIN on the return's disclosu	ill enter my PIN as my signatu n is being filed with a state age	re on the tax year 202	3 electronically filed
Signature of officer or person subject				Date	
Part III Certifica	tion and Auth	entication			
ERO's EFIN/PIN. Enter you number (EFIN) followed by	-	-	3381731 Do not enter		
		PIN, which is my signature on the e requirements of Pub. 4163, Mo			
ERO's signature			Date	11/13/24	
	Do Not S	ERO Must Retain This F Submit This Form to the I		To Do So	
For Privacy Act and Pape		Act Notice, see instructions.			Form 8879-TE (2023)
LHA 302521 01-05-24					

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I - Ic	lentification					
Type or	Name of exempt organization, employer, or other file	r, see instru	uctions.	Taxpayer identification number (TIN)		
Print						
	ALPFA, INC.				32-01784	01
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
filing your return. See	1717 W. 6TH STREET, 410					
instructions.	City, town or post office, state, and ZIP code. For a for	oreign addı	ress, see instructions.			
	AUSTIN, TX 78703	0				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			07
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
	ou enter your Return Code, complete either Part II or Par		I including signature, is applicable o	nly for an	extension of	
	e Form 5330.	tini. i aitin		ing for an		
	pplication is for an extension of time to file Form 5330, y	iou must a	nter the following information			
			6			
	n Name n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izatione (s	ee instructions)			
	poks are in the care of DAMIAN RIVERA					
THE DO		<u> </u>	.0 - AUSTIN, TX 787	03		
Toloph	one No. 646-242-6322	JI, II				
-	organization does not have an office or place of business	in the Uni				
	s for a Group Return, enter the organization's four-digit					
		_				
box [quest an automatic 6-month extension of time until N					
	—			e the exem	npt organization re	eturn for
	organization named above. The extension is for the org	anization's	return for:			
X						~~
	tax year beginning	, 20	, and ending		· ,	20
•				_		
2 If th	he tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					^
	mated tax payments made. Include any prior year overp			3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by			-
usir	ng EFTPS (Electronic Federal Tax Payment System). See	<u>e instructio</u>	ns.	3c	\$	0.

Form	990-T	E	Exem		rgani	zatior	n Busi	MBER 15, ness Inc	omo	e Tax	Retur	n	OMB No. 1545-0047
		For cal	alendar year	2023 or othe	(and er tax year be	• •		r section 603	• •				2023
Deneutro	ant of the Treesury		G	io to ww	w.irs.gov			uctions and the		t informati	on.		
	ent of the Treasury Revenue Service	0			-			made public if yo				. [Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed.		Name o	f organizat	tion (Check box	t if name cha	inged and see inst	ruction	s.)		D Em	ployer identification number
B Exe	mpt under section	Print	ALPE	FA, I	NC.							3	2-0178401
X	501(c)(6)	or				suite no. If	a P.O. box,	see instructions.					oup exemption number e instructions)
	408(e) 220(e)	Туре	1717	7 W.	<u>6TH S</u>	TREET	<u>', 410</u>						,
	408A 530(a)						and ZIP or f	oreign postal code	9				
t	529(a) 529A		AUST	CIN,	тх 7	8703						F	Check box if
		C Bo				d of year .				.5,927	•		an amended return.
G Ch	neck organization	type	X 50	1(c) corpo	oration	50	1(c) trust	401(a) trust		_ Other tr	ust	State	college/university
) Applicat								
	neck if filing only to				rom Form			shown on Form					ount from Form 3800
-	neck if a 501(c)(3)					_							<u> </u>
	ter the number of					_/		<u></u>					-
	iring the tax year, 'Yes," enter the na				-			or a parent-subs	sidiary	controlled	group?		Yes X No
	e books are in car				IVERA	•	rporation		Tol	ephone nu	mber	646-	242-6322
Part									10	ephone nu	liber	040	
1	Total of unrelated	d busine	iess taxa	ble incom	ne compu	ted from a	II unrelated	l trades or busin	esses	(see instru	ctions)	. 1	0.
2	Reserved											2	
3	Add lines 1 and 2	2										3	
4	Charitable contrib	butions	s (see ins	tructions	for limitat	tion rules)						4	0.
5	Total unrelated b	ousiness	s taxable	income l	before ne	t operating	g losses. Su	ubtract line 4 fro	m line	3		5	
6	Deduction for net	t operat	ating loss	. See inst	ructions							6	0.
7	Total of unrelated	d busine	iess taxa	ble incom	ne before	specific de	eduction ar	nd section 199A	deduo	ction.			
	Subtract line 6 fro											7	1 000
8	Specific deductio												1,000.
9	Trusts. Section 1											9	1 000
10	Total deductions											10	1,000.
11 Part	Unrelated busin II Tax Com			ome. Su	ibtract lin	e 10 from	line 7. It line	e 10 is greater ti	nan lin	e 7, enter z	ero	. 11	1
1	Organizations ta	axable a	as corpo	orations.	Multiply	Part I, line	11 by 21%	6 (0.21)				1	0.
2	Trusts taxable a	t trust i	rates. S	ee instru	ctions for	·							
	Part I, line 11, fro			ate scheo				Form 1041)				2	
3	Proxy tax. See in											3	
4	Other tax amount			ions								4	
5	Alternative minim											5	
6	Tax on noncomp												0.
7 Part	Total. Add lines 3			ne i or z	, whichev	er applies						7	0.
	Foreign tax credit	-		attach Fo	rm 1118 [.]	trusts atta	ach Form 1	116)	1a				
b	Other credits (see								1b				
c	General business		,										
d	Credit for prior-ye												
e	Total credits. Ac									•		1e	
2	Subtract line 1e f			•								2	0.
3a	Amount due from	n Form 4	4255						3a				
b	Amount due from	n Form 8	0011						3b				
с	Amount due from	n Form 8	8697						3c				
d	Amount due from	n Form 8	8866						3d				
е	Other amounts d	•		,					3e				_
f	Total amounts du											3f	0.
4	Total tax. Add lin				-								_
_												4	0.
5	Current net 965 t											5	0. Form 990-T (2023
LHA I	For Paperwork R	eauctio	on Act N	iotice, se	e instruc	tions. 3	23701 11-20-2 4 (Form 330-1 (2023

Form 9	90-T (2023)					Р	age 2
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	6a					
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b					
с	Tax deposited with Form 8868	6c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)						
е	Backup withholding (see instructions)	. <u>6e</u>					
f	Credit for small employer health insurance premiums (attach Form 8941)	<u>6f</u>					
g	Elective payment election amount from Form 3800	6g					
h	Payment from Form 2439	. <u>6h</u>					
i	Credit from Form 4136	. <u>6i</u>		_			
j	Other (see instructions)	. <u>6j</u>					
7	Total payments. Add lines 6a through 6j		······	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8			
9				9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10			
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11			
Part	IV Statements Regarding Certain Activities and Other Information	tion (s	ee instructions)				
1	At any time during the 2023 calendar year, did the organization have an interest in c	or a signa	ture or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiz	ation may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name	of the foreign country				
	here						<u>X</u>
2	During the tax year, did the organization receive a distribution from, or was it the gra	-					
	foreign trust?				L		<u>X</u>
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year						
4	Enter available pre-2018 NOL carryovers here \$3,638. Do not	t include	any post-2017 NOL ca	rryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any ded	uction reported on Par	t I, line 6.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL c	arryovers. Don't reduce	•			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	or the tax	year. See instructions				
	Business Activity Code	Av	ailable post-2017 NOL	carryove	<u>r</u>		
		\$					
		\$					
		\$					
		\$					
6 a	Reserved for future use				L		
b	Reserved for future use						
Part	V Supplemental Information						
Description of all	and a delition of information. One instructions						

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have exa correct, and complete. Declaration of preparer (othe		mation of which pr		nowledge.	May the IRS	discuss t	his return	
nere	Signature of officer	Date	CFO Title			the preparer instructions)		·	No
Paid	Print/Type preparer's name	Preparer's signature		Date	Check self-employe			1236	5
Prepare Use Onl		5 LLP		•	Firm's EIN	91	-01	8931	8
	7 4747 EXE	CUTIVE DRIVE SO, CA 92121			Phone no.	858-6)

323711 11-20-23

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR LOSS SUSTAINED		LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/15	9,099.	5,461.	3,638.	3,638.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	3,638.	3,638.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Openation c)(3) Organizations Only

A	Name of the organization ALPFA, INC.		В	Employer ident 32-0178		n numb	er
<u>c</u>	Unrelated business activity code (see instructions)	540000	D	Sequence:	1	of	1

ADVERTISING INCOME E Describe the unrelated trade or business

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
1a	Gross receipts or sales							
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
с	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	0.					
Pa	Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be							

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5					
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	0.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	
For Paperwork Reduction Act Notice, see instructions.					le A (Form 990-T) 2023

Schedule A (Form 990-T) 2023

LHA 323741 01-19-24

	50 I(C)(S) Orga
Employer identified	cation numbe
22 01701	∩1

							1
Schedu Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meth	and of inventory years	ation			Page	<u>;</u> 2
1	Inventory at beginning of year	nod of inventory valu		[1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	2	[8		
9	Do the rules of section 263A (with respect to property p		<i>i i i i</i>			Yes N	0
Part	IV Rent Income (From Real Property and	Personal Prope	erty Leased With Re	eal Propert	y)		
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use. See instru	ictions.			
	A						
	В						
	D						
•		Α	B	C		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
b	but not more than 50%) From real and personal property (if the						
5	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						_
	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter he	re and on Part I, line 6, co	olumn (A)	<u>_</u>	0).
	Deductions directly connected with the income						
4	in lines 2a and 2b (attach statement)						
5	Total deductions. Add line 4, columns A through D. Er	nter here and on Part	I, line 6, column (B)			0).
Part							
1	Description of debt-financed property (street address, c	city, state, ZIP code).	Check if a dual-use. See	instructions.			
	B						
	с р						
	U	Α	В	С		D	
2	Gross income from or allocable to debt-financed					D	
-	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D).	. Enter here and on F	art I, line 7, column (A)			0).
_		[T				
9	Allocable deductions. Multiply line 3c by line 6					^	
10	Total allocable deductions. Add line 9, columns A thr) <u>.</u>).
<u>11</u>	Total dividends-received deductions included in line	10					
323721 (J I- 19-24			50	neuule A	(Form 990-T) 20	23

											1
	ule A (Form 990-T) 2023 VI Interest, Annu		valties and R	ante Fro	m Contro		rganization	S (a		iono)	Page 3
Part							Exempt Control	,	ee instruct		
	1. Name of controlle	d	2. Employer	3. Net	unrelated		al of specified	· · · · ·	art of colu		6. Deductions directly
	organization	-	identification		ne (loss)		nents made	that is	s included	in the	connected with
			number	(see ins	structions)				olling orga s gross inc		income in column 5
(1)											
(2)											
(3)											
(4)											
				· · · · ·	Controlled Or	<u> </u>					
7	. Taxable Income		Net unrelated		otal of specif		10. Part of that is inc				Deductions directly
			icome (loss) e instructions)	payments made			controlling	organi	zation's		connected with come in column 10
		(000					gross	incom	ne		
(1) (2)											
<u>(2)</u> (3)											
(4)											
<u></u>							Add colum	ins 5 a	nd 10.	Ado	l columns 6 and 11.
							Enter here	and or	n Part I,	Ente	r here and on Part I,
							line 8, c	olumn	(A).	li	ne 8, column (B).
Totals									0.		0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar			tructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deductio			asides	5. Total deductions and set-asides
							directly conne (attach stater		(attach st	latemer	(add cols 3 and 4)
(4)											
(1) (2)											
(<u>2)</u> (3)											
(4)											
()					Add amou	unts in					Add amounts in
					column 2 here and o						column 5. Enter here and on Part I,
					line 9, colu	,					line 9, column (B).
Totals						0.					0.
Part	VIII Exploited E	xempt A	Ctivity Income	, Other T	han Adve	ertising	g Income (see in	structions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con		•								
	line 10, column (B)									3	
4	Net income (loss) from										
_	lines 5 through 7									4	
5	Gross income from ac									5 6	
6 7	Expenses attributable Excess exempt expense										
'	4. Enter here and on P									7	
	T. LINE HEIE AND ON F		<u>الد</u>							1	

Schedule A (Form 990-T) 2023

323731 01-19-24

	lule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a c	onsolidated basis		
	A				
	В				
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а		[]			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column				
	line 4 showing a loss or zero, do not complet				
_	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is le				
8	than line 6, enter -0- Excess readership costs allowed as a				
Ū	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		l or -0- here and o	n	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Lenter here and on Part II, line 1				0.
Part	XI Supplemental Information (s	ee instructions)			

323732 01-19-24



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023

Nam	e		Employe	er identificat	tion number		
	ALPFA, INC.				3	2-0178	3401
A	Is the corporation filing this form a member of a controlled group treated as a single	employ	er under sections 59(k)	(1)(D) and 52?		Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	d separa	ate company financia	d			
	statement income or loss for each member of the controlled group treated						
	account in the determination of "applicable corporation" under section 59(k)(1)(D).					
	Is the corporation filing this form a member of a foreign-parented multinational grou			f section 59(k)(2)	(B)?	Yes	XNo
	If "Yes," the corporation must complete Part V listing the names, EINs, and		, -		() _		
	statement income or loss for each member of the FPMG under section 59(-					
Pa	rt I Applicable Corporation Determination (Report all arr	nounts i	in U.S. dollars.)				
	If you have already determined in current or prior years you are an a			Part I and contin	ue to Pa	rt II.	
			(a) First Preceding	(b) Second Pr		(c) Third I	Preceding
			Year Ended	Year End	ed	Year I	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
e	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
-	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
a	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
с	Pro-rata share of net income from controlled foreign corporations for						
_	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2i					
i	Tax-exempt entities (organizations subject to tax under section 511)	2j					
, k	Depreciation	2k					
Т	Qualified wireless spectrum	21					
m		2m					
n	Adjustments related to bankruptcy and insolvency	2n					
о	Certain insurance company adjustments	2 0					
р	Adjustment P - Reserved for future use	2p					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
S	Adjustment S - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5		1			
6	AFSI of first, second, and third preceding tax years. Combine columns (a)	· · · · · ·	nd (c) of line 5	•	6		
7	3-year average annual AFSI (see instructions)				7		

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Form 4626 (2023)

Form 4	626 (2023)				Page 2
Part	I Applicable Corporation Determination (Report all amo	ounts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?				
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2				
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns	(a), (b), and ((c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

	4626 (2023)		Page 3
Pa	t II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-1,000.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	. 1b	
с	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d		-1,000.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b		
с	Corporations that are not included on the taxpayers - consolidated return (see instructions)	0	
d	The corporation's distributive share of adjusted financial statement income of partnerships		
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
-	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business		
g	Certain taxes. Enter the amount from Part III, line 7		
-	Patronage dividends and per-unit retain allocations (cooperatives only)		
i	Alaska native corporations		
;			
1	Certain credits (see instructions)		
k	Mortgage servicing income	21	
1	Covered benefit plans described in section 56A(c)(11)(B)		
	Tax-exempt entities (organizations subject to tax under section 511)		
n			
0	Qualified wireless spectrum		
р	Covered transactions		
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments		
S	AFSI adjustment S - Reserved for future use		
	AFSI adjustment T - Reserved for future use		
u	AFSI adjustment U - Reserved for future use		
z	Other (see instructions)		
3	Total adjustments. Combine lines 2a through 2z		
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		-1,000.
5	Financial statement net operating loss (FSNOL) (see instructions)		
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	. 8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	. 13	
Pa	t III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income		
6 a	Adjustment A - Reserved for future use	6a	
	Adjustment B - Reserved for future use	6b	
	Adjustment C - Reserved for future use	6c	
	Adjustment D - Reserved for future use	6d	
	Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
		6g	
-		6h	
		6z	
		7	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g		Form 4626 (2023)

 $\overset{\scriptscriptstyle 316233}{11291113}\,\overset{\scriptscriptstyle 02-12-24}{146892}\,\,634996$

Form	4626 (2023)				Page 4								
Par	Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit												
Sec	tion I - AMT Foreign Tax Credit												
1	Domestic corporation AMT foreign income taxes:												
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,												
	Part I, column 2(j)	1a											
b	Adjustment	1b											
с	Adjustment	1c											
d	Adjustment	1d											
е	Adjustment	1e											
f	Adjustment	1f											
g	Adjustment	1g											
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g $$			2									
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:												
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line												
	11, column (n)	3a											
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b											
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c									
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%										
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach												
	worksheet) (see instructions)	3e											
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)		ſ	3f									
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g									
4	CAMT FTC Line 4 - Reserved for future use			4									
5	CAMT FTC Line 5 - Reserved for future use			5									
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, I	ine 8		6									

Form 4626 (2023)

<u>TAXABL</u> 20	<u>e yea</u> 23	-		alifornia e-file Return Authorization for xempt Organizations									FORM 8453-EO		
Exempt Or	ganizatio	n name										Identifying	number		
ALPF	A, 1	INC.										32-0	178401		
Part I					(whole dollar										
1 Tot	tal gros	s receipts	or unrelat	ted bus	iness taxable	income (Form 199, line	4 or For	m 109, li	ne 5)			1_	479,231		
2 Tot	tal gros	s income	or total tax	x (Form	199, line 8 o	r Form 109, line 14)						2	479,231		
3 Tot	tal expe	enses and	disbursen	nents (F	Form 199, line	e 9)						. 3_	1,154,075		
4 Tax	x due (F	orm 109,	line 23)									. 4 _			
5 Ov	erpaym	ent (Form	109, line :	24)			<u></u>					5			
Part II	Sett	e Your Ac	ccount Ele	ectroni	cally for Taxa	able Year 2023									
6	Direc	t Deposit	of refund	(Form 1	109 only.)										
7					7a Amoun				thdrawal d						
Part III	Sche	dule of Esti	imated Tax	Paymer	nts for Taxable	Year 2024 (These are NO)T installm	ient paym	ents for the	current	amount	the exem	npt organization owes.)		
			Firs	st Paym	nent	Second Payme	nt		Third Pay	ment			Fourth Payment		
8 Amo															
9 With			(-						
		-	mation (H	ave you	u verified the	exempt organization's	banking i	nformatio	on?)						
10 Rou	iting nu	mber							-						
<u>11 Acc</u>							12 Ty	ype of ac	count:	Che	ecking		Savings		
Part V		aration of				designated in Part II. If I cl									
Under pe transmitt California a balance organizat statemen delayed, Sign Here Part VI I declare an only a accuratel	nalties (er, or in a electro e due ret tion will tts be tra I autho Decl that I ha an interry reflect	of perjury, I termediate nic return. urn, I unde remain liab unsmitted to rize the FTI ignature of or aration of aration of we reviewe nediate ser s the data of	declare tha service pro To the best rstand that le for the ta o the FTB by B to disclos fficer f Electron d the above vice provide on the return	t I am a vider an of my k if the Frax liabilit y the ER to the te to the exempt er, I und n.) I hav	n officer of the d the amounts nowledge and t anchise Tax Bo y and all applic O, transmitter, ERO or interm urn Originato t organization's erstand that I a re obtained the		n and that the amour tion's retu full and ti l authoriz ovider. If the reason CEFO Title arer. 6 on form I avving the ature on for	the inform ths on the rm is true, imely payr te the exer the proces (s) for the FTB 8453- exempt or prm FTB 8	correspond , correct, an ment of the mpt organiz ssing of the delay or th -EO are com rganization' 453-EO bef	ing lines d comple exempt of ation retr exempt e date w plete and s return. ore trans	of the ete. If th organiza urn and organiz vhen the d corred I declar mitting	exempt o le exempt tition's tay accompa ration's re e refund v et to the b e, howev this retur	rganization's 2023 t organization is filing k liability, the exempt anying schedules and eturn or refund is was sent. pest of my knowledge. (If I er, that form FTB 8453-E0 rn to the FTB. I have		
the exem I declare	pt organ that I ha	nization retu ave examine complete.	urn is filed, v ed the above	whichev e exemp	ver is later, and ot organization's	ep form FTB 8453-EO on I will make a copy availabl s return and accompanying Il information of which I h	e to the F1 g schedule	B upon restand	equest. If I a	m also t	he paid	preparer, ny knowl	, under penalties of perjury, edge and belief, they are ERO's PTIN P01391236		
Must		ame (or yours nployed)			ADAMS 1							Firm's FE	N 91-0189318		
Sign	and add		· -		EXECUT: DIEGO, (IVE DRIVE						ZIP code	92121		
			declare tha	it I have	examined the a	bove organization's returr claration based on all infor					ements,				
Paid Prepa	F	raid reparer's ignature						Date		Check if self- employed	-	Paic	d preparer's PTIN		
Must	-	irm's name (c	or yours					1		ciripioye	- L	Firm's FE	IN		
Sign	i	self-employe		>											
												ZIP code			

329021 12-27-23

TAXABLE YEARCalifornia Exempt Organization2023Annual Information Return

199

Са	lendar Year	2023 or fiscal year beginning (mm/dd/yyyy) , and er	nding (mm/dd/	vvvv)			
		anization name		California corp	oration	number	
A	LPFA,	INC.		2677	982	2	
Ade	ditional inforn	ation. See instructions.		FEIN			
				32-0	178	3401	
		uite or room)		PMB no.			
		. 6TH STREET, NO. 410	State	ZIP code			
City							
	USTIN eign country	name Foreign province/state/county	TX	7870 Foreign p			
FUI	eigh country			Foreign p	iostai ci	Jde	
Ā	First retu	n Yes X No I Did the organization	on have any ch	anges to its	aniye	lines	
В	Amendec		-	-	-		
C		on 4947(a)(1) trust Yes X No J If exempt under R					
D		rmation return? engaged in politica					
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization					
		(mm/dd/yyyy) • If "Yes," enter the	gross receipts	from nonme	ember		
Ε		counting method: (1) Cash (2) \mathbb{X} Accrual (3) Other L Is the organization	n a limited liabi	lity company	y ?	• Yes X No	
F		turn filed? (1) ● X 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization					
		Other 990 series report taxable inco	ome?			• X Yes N No	
G		roup filing? See instructions • Yes X No N Is the organization					
н		panization in a group exemption Yes X No IRS audited in a p					
	II Yes, v	/hat is the parent's name? 0 Is federal Form 10 Date filed with IRS					
F	Part I (omplete Part I unless not required to file this form. See General Information B and C.					
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	479,231 00	
		2 Gross dues and assessments from members and affiliates		-	2	00	
		3 Gross contributions, gifts, grants, and similar amounts received		•	3	00	
	Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.					
	and	This line must be completed. If the result is less than \$50,000, see General Informati	ion B		4	479,231 ₀₀	
F	Revenues	5 Cost of goods sold 5		00			
		6 Cost or other basis, and sales expenses of assets sold 6		00			
		7 Total costs. Add line 5 and line 6			7	479,231 00	
_		Total gross income. Subtract line 7 from line 4 Total gross and dishuraments. From Side 2. Dart II, line 19	<u></u>	•	8	<u>479,231 oo</u> 1,154,075 oo	
E	xpenses	 9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 			9 10	-674,844 00	
		11 Total payments		•	11	00	
		12 Use tax. See General Information K		-	12	00	
					13	00	
F	Payments			-	14	00	
	-	15 Penalties and interest. See General Information J			15	00	
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result			16	00	
Si	n	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	ich preparer has a	any knowledge	iy know	ledge and bellel,	
He		Signature Signat	Dat	te		Telephone	
		of officer CFO				● PTIN	
				eck if			
P .		Preparer's signature	set	f-employed		P01391236 ● Firm's FEIN	
Pa		Firm's name (or yours, MOSS ADAMS LLP				91-0189318	
	eparer's e Only	if self- employed) 4747 EXECUTIVE DRIVE				Telephone	
05	e oniy	and address SAN DIEGO, CA 92121		858-627-1400			
		May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes		

ALPFA, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

32 - 0178401

328951 12-26-23

					SEE PART	II SUBSTITU	TE	ATTACHMENT			
	1	Gross sales or receipts from all bus	ness activities. See instru	uctions		•	1		00		
	2	Interest					2		00		
	3	Dividends				•	3		00		
Receipts	4	Gross rents				•	4		00		
from	5	Gross royalties				•	5		00		
Other	6	Gross amount received from sale of					6		00		
Sources	7	Other income				•	7		00		
	8	Total gross sales or receipts from o		•		, ,	8		00		
	9	Contributions, gifts, grants, and sim					9		00		
	10	Disbursements to or for members .				•	10		00		
	11	Compensation of officers, directors,					11	0) 00		
	12	Other salaries and wages				•	12		00		
Expenses	13	Interest				•	13		00		
and	14	Taxes				•	14		00		
Disburse-	15	Rents				•	15		00		
ments	16	Depreciation and depletion (See ins	ructions)			•	16		00		
	17	Other expenses and disbursements				•	17		00		
		Total expenses and disbursements.					18		00		
Schedu	ile L	Balance Sheet	Beginning of	ftaxable	e year	En	d of tax	able year			
Assets			(a)		(b)	(C)		(d)			
1 Cash								•			
2 Net ac	count	s receivable						•			
3 Net no	otes re	ceivable						•			
4 Invent	ories							•			
		state government obligations						•			
		in other bonds						•			
7 Invest	ments	in stock						•			
8 Mortga	age lo	ans						•			
9 Other								•			
10 a Dep	reciab	ole assets									
b Less	s accu	imulated depreciation									
11 Land								•			
12 Other a	assets	;						•			
13 Total a	assets	۶									
Liabilities	and n	et worth									
14 Accou	nts pa	lyable						•			
15 Contril	bution	is, gifts, or grants payable						•			
16 Bonds	and r	notes payable						•			
17 Mortga	ages p	payable						•			
18 Other	liabilit	ies									
19 Capita	l stocł	k or principal fund						•			
20 Paid-in	or capi	tal surplus. Attach reconciliation						•			
21 Retain	ed ear	rnings or income fund						•			
		ties and net worth									
Schedu	le N	······································									
		Do not complete this schedule		ile L, line							
		per books			7 Income recorded						
		me tax				iis return. Attach schedu	le	•			
					•						
					against book income this year.						
Attach	Attach schedule				Attach schedule						
5 Expenses recorded on books this year not				9 Total. Add line 7	and line 8						
				10 Net income per r	eturn.						
6 Total.	al. Add line 1 through line 5					Subtract line 9 from line 6					

022

3652234

<u>TAXABL</u>		<u>\R</u>	California e-file Return Authorization for Exempt Organizations									FORM 8453-EO			
Exempt Org	ganizatio	n name										Identifying	g number		
ALPF	Α,	INC.										32-0	0178401		
Part I	Elec	tronic R	leturn Inform	nation (wh	ole dollars	only)									
1 Tot	al gro	ss receip	ts or unrelate	ed busines	s taxable ir	icome (Form 199, line	4 or For	n 109, li	ine 5)			1_			
2 Tot	al gro	ss incom	e or total tax	(Form 199), line 8 or I	orm 109, line 14)						2 _			
3 Tot	al exp	enses ar	nd disbursem	ents (Form	n 199, line 9)						3_			
	erpayr	nent (For	m 109, line 2	4)								5			
Part II	_			-		le Year 2023									
6	-		sit of refund (F		• •										
7	_		nds withdraw		Amount	0004 (These are NO	T in stall as		thdrawal d						
Part III	Sche	aule of E		-		•		ent paym			amount	the exe	mpt organization owes.)		
			First	Payment		Second Paymer	nt		Third Pay	ment			Fourth Payment		
8 Amc															
9 With Part IV			ormation (Ua		rified the ex	empt organization's t	anking i	formati	002)						
				ive you ve		empt organization 3 t	anning i	nonnau	0112)						
10 Rout							10 T	ma of or			aaliina		Savings		
11 Accord			of Officer				12 1	pe of ac	count. L		ecking		J Savings		
organizati statement	ion will ts be tr I autho	remain lia ansmitted orize the F	able for the tax I to the FTB by F TB to disclose	liability and the ERO, tra	d all applicab ansmitter, or	d (FTB) does not receive le interest and penalties. intermediate service pro diate service provider th	l authoriz vider. If t	e the exe he proce	mpt organiz ssing of the	ation re exemp	turn and t organiz	accomp ation's	panying schedules and return or refund is		
		Signature of				Date	Title								
Part VI						ERO) and Paid Prepa									
am only a accurately provided 1345, 202 the exemp I declare	an inter y reflec the org 23 Han pt orga that I h	mediate s ts the data anization dbook for nization re ave exami	ervice provider a on the return officer with a c Authorized e-1 eturn is filed, w ined the above	, I understa .) I have ob copy of all fo file Providen /hichever is exempt org	nd that I am tained the or orms and inf rs. I will keep later, and I v janization's r	not responsible for revie ganization officer's signa ormation that I will file w form FTB 8453-EO on f vill make a copy available	ewing the ature on fo ith the FTI ile for fou e to the FT schedule	exempt o rm FTB 8 3, and I h 9 years fro 8 upon ro 5 and sta	rganization' 3453-EO bef nave followe om the due equest. If I a	s return ore tran d all oth date of am also	. I declar smitting er requir the retur the paid	e, howe this retu ements n or fou prepare	described in FTB Pub.		
	ERO's						Date		Check if		Check		ERO's PTIN		
ERO	signatu	ire							also paid preparer	X	if self- employe	d	P01391236		
Must		name (or yo	urs MC	SS AL	AMS L	LP	1					Firm's F	EIN 91-0189318		
Sign	if self-e and ad	employed) dress				VE DRIVE						710	∘92121		
			, I declare that	I have exam							ements,		the best of my knowledge		
Paid Paid preparer's signature					Date		Check if self- employe	-d [Pa	id preparer's PTIN					
Must		Firm's name	e (or yours							Ciripioye		Firm's F	FIN		
Sign		if self-emplo and address	byed)									- 11/1 3 F			
												ZIP code	e		

329021 12-27-23

FTB 8453-EO 2023

TAXABLE YEARCalifornia Exempt Organization2023Business Income Tax Return

FORM **109**

Calendar Ye	ear 2023 or fiscal year beginning (mm/dd/yyyy	')	, and ending (m	ım/dd/yyyy)						
•	n/Organization name , INC •				Ca	alifornia co 2677	orporation numb 982	er		
Additional	information. See instructions.				FE		178401			
	ess (suite/room no.) W. 6TH STREET, NO. 41	LO		P	MB no.	02 0				
	corporation has a foreign address, see instruc				IP code 8703					
Foreign co	puntry name	Foreign province	/state/county	F	oreign po	ostal cod	e			
B Is this a	urn filed? n education IRA within the meaning of ection 23712?		 H Is the organization a described in IRC Sec I Is this organization c 	tion 4947(a)(1)	?		• 🗌 Yes	X No		
audited D Final ret ●	rganization under audit by the IRS or has the I in a prior year?	RS • Yes X No	Zone (EZ), Local Age (LAMBRA), Targeted Enhancement Area (N J Is this organization a stock bonus plan as o	Tax Area (TTA) MEA) tax benefi qualified pensi), or Manu ts? on, profit-	ifacturing sharing, c		X No		
E Amende F Account	ed return?	• Yes X No X Accrual (3) Othe G INCOME	K Unrelated Business A	Activity (UBA) co	ode • <u>9</u>	90009	9	X No		
Taxable Corpora- tion	Unrelated business taxable income from Mult. In 1 by the avg. apport. pctg Enter the lesser amt from In 1 or In 2. If the unrel	% from the Sch. R, Ap	oport. Formula Wksht, Part A, In 2	or Part B, In 5.	See instr. 鱼	1 2 3		00 00 00		
Taxable Trust	 Unrelated business taxable income from Unrelated business taxable income from EZ, LAMBRA, or TTA NOL carryover de 	n line 3 or line 4			•	4 5 6		00 00 00		
Tax Compu- tation	 7 Net Operating Loss deduction. See Gen 8 Add line 6 and line 7 9 Net unrelated business taxable income. 	EZ, LAMBRA, or TTA NOL carryover deduction Net Operating Loss deduction. See General Information N Add line 6 and line 7 Net unrelated business taxable income. Subtract line 8 from line 5								
	10 Tax 8.84 % x line 9. See 11 Tax credits from Schedule B. See instruct 12 Balance. Subtract line 11 from line 10.	uctions			•	10 11 12		00 00 00		
Total Tax	13 Alternative minimum tax. See General I				•	13 14		00 00 00		
Payments	 15 Overpayment from a prior year allowed 16 2023 estimated tax payments. See instr 17 Withholding (Form 592-B and/or 593). 18 Amount paid with extension (form FTB 	ructions See instructions	• 16		00 00 00 00					
lise Tax/	 Total payments and credits. Add line 15 Use tax. See instructions Payments balance. If line 19 is more th 	5 through line 18 an line 20, subtract line 20	from line 19		•	19 20 21		00 00 00		
Use Tax/ Tax Due/ Overpay- ment	22 Use tax balance. If line 20 is more tha23 Tax due. Subtract line 21 from line 14.	n line 19, subtract line 19 fr Pay entire amount with retu	•	22 23 24		00 00 00				
		Overpayment. Subtract line 14 from line 21. See instructions • Enter amount of line 24 to be applied to 2024 estimated tax •								

		26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24		٠	26		00
			• <u>26a</u>		1	1	
Refun		b Type: Checking • Savings • c Account Number					
Amou	nt	27 Penalties and interest. See General Information M		•	27		00
Due		28 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806					
		29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24			29		00
Unre	elat	ed Business Taxable Income			120		100
		Inrelated Trade or Business Income					
		s receipts or gross sales b Less returns and allowances	C Delenee	•	1c		00
		f goods sold and/or operations (Schedule A, line 7)			2		00
					3		00
10	Cani	profit. Subtract line 2 from line 1c tal gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a		00
					4a 4b		
		gain (loss) from Schedule D-1, Part II			40		00
		tal loss deduction for trusts e (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructic		•	40		00
					6		
		Schedule K-1 (565, 568, or 100S) or similar schedule			5		
0 N	lenda	income (Schedule C)					00
		ted debt-financed income (Schedule D)			8		00
		nent income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			9		00
		t, Annuities, Royalties and Rents from controlled organizations (Schedule F)					00
		ed exempt activity income (Schedule G)		•	10		00
		ising income (Schedule H, Part III, Column A)		•	11		00
12 0	ittner i	ncome. Attach schedule		•	12		00
		nrelated trade or business income. Add line 3 through line 12			1.0		00
-		Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected wi				T	
		ensation of officers, directors, and trustees from Schedule I		•	14		00
		s and wages		•	15		00
		s		•	16		00
		bts		•	17		00
		t. Attach schedule		•	18		00
		Attach schedule		•	19		00
		putions. See instructions and attach schedule		•	20		00
		reciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)		00			
		c depreciation claimed on Schedule A. See instructions 21b		00	21		00
		ion. Attach schedule		•	22		00
		tributions to deferred compensation plans			23a		00
		loyee benefit programs. See instructions			23b		00
		Jeductions. Attach schedule			24		00
25	otal d	eductions. Add line 14 through line 24			25		00
		ted business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26		00
27 E:	xcess	advertising costs (Schedule H, Part III, Column B)		•	27		00
		ted business taxable income before specific deduction. Subtract line 27 from line 26		•	28		00
		c deduction. See instructions		•	29		00
30 U	Inrelat	ted business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	statement or go to	ftb ca	30	rms and search for 1131 to	00
Sign		locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.05	05 and enter form c	ode 94	8 wher	n instructed.	
Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled		у кноч			
		Signature	Date		ľ	 Telephone 	
		of officer CFO					
Paid		Preparer's Date	Check if self			PTIN	
Prepa		signature	employed			01391236	
Use O	nly	Firm's name (or yours,				• Firm's FEIN	
		if self-employed)				1-0189318	
		and address 4747 EXECUTIVE DRIVE				Telephone	•
		SAN DIEGO, CA 92121				58-627-1400	
		May the FTB discuss this return with the preparer shown above? See instructions				• X Yes No)
		Side 2 Form 109 2023 022 3642234					

Schedule A Cost of Goods Sold and/or Operations.

Me	thod of inventory valuation (specify)	N/A						
1	Inventory at beginning of year				1		00	
	Purchases				2		00	
	Cost of labor				3		00	
4	a Additional IRC Section 263A costs. Attach schedule				4a		00	
	b Other costs. Attach schedule			_	4b		00	
5	Total. Add line 1 through line 4b				5		00	
6	Inventory at end of year				6		00	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and or				7		00	
_	Do the rules of IRC Section 263A (with respect to property produced or acquired for	or resale) apply to this	organiz	zation?		Yes X No		
	hedule B Tax Credits.							
	Enter credit name code •	• 1		00				
	Enter credit name code •	• <u>2</u>		00				
	Enter credit name code •	• 3		00				
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of al							
<u> </u>	on line 4. Enter here and on Side 1, line 11				4		00	
	hedule K Add-On Taxes or Recapture of Tax. See instructions.							
	Interest computation under the look-back method for completed long-term contract				1		00	
2	Interest on tax attributable to installment: a Sales of certain timeshares or reside				2a		00	
	b Method for non-dealer installment of				2b		00	
3	IRC Section $197(f)(9)(B)(ii)$ election to recognize gain on the disposition of intangit	oles		•	3		00	
4					4		00	
	Total. Combine the amounts on line 1 through line 4. See instructions				5		00	
	· · · · · · · · · · · · · · · · · · ·			aalaa faatar farmula				
Fai	t A. Standard Method - Single-Sales Factor Formula. Complete this part only if the	(a)	single-	(b)		(C)		
		Total within an		Total within California		Percent within California [(b) ÷ (a)] x 1	100	
1	Total sales	outside Califor	illa	• California			00	
	Apportionment percentage. Divide total sales column (b) by total sales column (a)	-						
2	and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2					•		
Par	t B. Three Factor Formula. Complete this part only if the corporation uses the three							
		(a)		(b)		(C)		
		Total within an outside Califor		Total within California		Percent within California [(b) ÷ (a)] x 1	.00	
1	Property factor: See instructions			•		•		
2	Payroll factor: Wages and other compensation of employees				•			
3	Sales factor: Gross sales and/or receipts less returns and allowances	• •				•		
4	Total percentage: Add the percentages in column (c)							
	Average apportionment percentage: Divide the factor on line 4 by 3 and enter the							
	result here and on Form 109, Side 1, line 2. See instructions for exceptions					•		
Sc	hedule C Rental Income from Real Property and Personal Property Leased	with Real Property						
For	rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, a	nd Section 23701n organi	zations.	See instructions for exce	ptions.			
(a)	Description of property		(b) Re	ent received or accrued		ercentage of rent attributable ersonal property	le to	
							%	
							%	
_							%	
(d)	Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income	(e) Complete if any ite	em in col	umn (c) is more than 10%	6, but no	t more than 50%		
	Deductions directly connected (II) Income includible, column (b) less column (d)(i)	(I) Gross income repo column (b) x colum		(II) Deductions directly co with personal property (attach schedule)		(III) Net income includib column (e)(i) less column (e)(ii)	le,	
					-			
Add	<u>d the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I,</u>	, line 6		<u></u>	4			

ALPFA, INC.

Schedule D Unrelated Debt-Financed Income

	omoratou	bobt i manoo												
(a) Description of debt-financed property					(b) Gross income allocable to d	(C) Deductions directly connected with or allocable to debt-financed proper					nanced property			
						property	cor-manced	(I) Straig	nt-line dep schedule	reciation)		(II) Other deductions (attach schedule)		
1	•					•		•				•		
2	•	•		•			•							
3	•	•		•	•			•						
(d	Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	debt-finan	ge adjusted basis Illocable to inanced property n schedule) (f) Debt basis percentage, column (d) ÷ column (e)			(g) Gross income reportable, column (b) x column (f)		(h) Alloca	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)		al of	of (i) Net inco (or loss) column		me includible, g) less column (h)
1	•	•		•	• %		•		•			•		
2	•	•		•	%	•	•	•				•		
3	•	•		•	%	•		•				•		
4	Total. Enter here and on Side	2 Part L line	7		,,,			1			4	4		
Ś				on 23701a	Section 2	23701i, or Section	on 23701n	Organizat	on					
(a) Description		(b) Amount				uctions directly		estment income, (e) s) Set-asides		(f)	Balance of investment income, column (d) less column (e)
1														
2														
3	Total. Enter here and on Side	e 2, Part I, line	8									3		
4	Enter gross income from me	mbers (dues,	fees, charges	s, or similar a	amounts))						4		
S	chedule F Interest, A	nnuities, Roya	alties and Re	nts from Co	ntrolled (Organizations								
						Exempt Contro	Exempt Controlled Organizations							
(a) Name of controlled organizations ((b) Employer identification number		(C) Net unrelated (d income (loss)		Total of specified payments made		(e) Part of column (d) that is included in the controlling organization's gross income		(f) Deductions directly connected with income in column (e) 		
1														
2														
3														
Ν	Ionexempt Controlled Organiz	ations												
(g) Taxable income					(h) Net unrelated income (loss)				(j) Part of column (i) that is included in the controlling organization's gross income		(beductions directly connected with income in column (j) 		
1														
2													\perp	
3														
4	Add the amounts in columns	s (e) and (j)							4					
5	Add the amounts in columns	s (f) and (k)											5	
6	Subtract line 5 from line 4. E	nter here and	on Side 2, Pa	art I, line 9								(6	
		xempt Activit	y Income, otl	her than Adv	/ertising	Income								
(a	is exploiting the same exempt activity from trade or		product unrelate	ion of	d with from unrelate n of trade or business, co		(e) Gross income from activity that is not unrelated business income		(f) Expenses attributable to column (e)		 Excess exempt expense, colum (f) less column but not more th column (d) 		 (h) Net income includible, column (d) less column (g) but not less than zero 	
1														
2														
3														
4														
5	Total. Enter here and on Side	e 2, line 10											5	

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Schedule H Advertising Income and Excess Advertising Costs

Pa	art I Income from Periodicals Repor	ted (on a Consolidate											
(a)	Name of periodical	• •	Gross advertising income	• •	Direct advertising costs		cos gre (c), (e), coli tha the coli	vertising income excess advertising tst. If column (b) is ater than column complete columns (f), and (g). If umn (c) is greater n column (b), enter excess in Part III, umn B(b). Do not nplete columns (e), and (g).	(e) Circu incor	Ilation ne	(f) Rea	dership ts	(g	f column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0.
1	•	•		•					•		•			
2	•	•		•					•		•			
3	•	•		•					•		•			
4		•		•			•		•		•		•	•
Pa	art II Income from Periodicals Repo	rted	on a Separate I	Basis	6								_	
1		٠		٠			•		•		•		•	•
2	•	٠		٠			•		•		•		•	•
3		٠		٠			•		•		•		•	
	art III Column A - Net Advertising Ir	icon					Par			cess Advert	tising Co			
(a)	Enter "consolidated periodical" and/or names of non-consolidated periodicals		(b) Enter total am columns (d) or in Part II, colu	r (g), a	ind amount	listed	(a) Er na	nter "consolidated imes of non-cons	l periodical olidated pe	" and/or riodicals		(b) Enter to and am	otal am Iounts	nount from Part I, column (d), listed in Part II, column (d)
1	•		•			•				•				
2	•		•				•			•				
3			•				•					•		
4	Enter total here and on Side 2, Part I, line 11		•				5 Ent	ter total here a	nd on Sid	le 2, Part II,	line 27	•		
Sc	chedule I Compensation of Offic	ers,	Directors, and T	rust	ees									
(a)	Name					(b) ^{⊤it}	le				i dev	cent of time oted to iness	ì í	Compensation attributable to unrelated business
1												%		
2												%		
3												%		
4												%		
5												%		
6	Total. Enter here and on Side 2, Part II,	line	14											
	chedule J Depreciation (Corpora			ns o	nly. Trust	s use t	form F	TB 3885F.)						
(a)	Group and guideline class or description of property	(b) Date acquired (mm/dd/yyyy)		(C) Cost (or other	basis	(d) Depreciation allowed or in prior year	anowable	(e) Method computi deprecia	ng	(f) Life or rate		(g) Depreciation for this year
1	Total additional first-year depreciation (do r	ot include in iter	ns b	elow)									
2	Depreciation:													
2a	Buildings 2	аГ												
	Furniture and fixtures 2													
	Transportation equipment													
	Machinery and other equipment 2													
	Other (specify) 2													
-	···													
3	Other depreciation	_		3										
4														
	Amount of depreciation claimed elsewh												5	
	Balance. Subtract line 5 from line 4. En												6	

CALIFORNIA FORM

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3805Q
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California corporation number

Attach to Form 100, Form 100W, Form 100S, or Form 109. Corporation name

ALPEA TNC.

ALPFA, INC.	2677982
During the taxable year the corporation incurred the NOL, the corporation was a(n): 🔍 🗔 C corporation	FEIN
S corporation 🖲 🔀 Exempt organization 🔍 🗌 Limited liability company (electing to be taxed as a corporation)	32-0178401
f the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporatio	n number:
0	

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting. Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II. 1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. 0 00 Enter as a positive number • 1 2 2023 disaster loss included in line 1. Enter as a positive number ② 2 _____ 00 00 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions **③** 3 4 a Enter the amount of the loss incurred by a new business included in line 3 🔍 4 a 00 b Enter the amount of the loss incurred by an eligible small business included in line 3 (4b) 00 00 c Add line 4a and line 4b • 4c 5 General NOL. Subtract line 4c from line 3 00 • 5 6 Current year NOL. Add line 2, line 4c, and line 5. See instructions 00 • 6

Part II NOL carryover and disaster loss carryover limitations. See instructions.

	(g) Available balance	
1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;		
or Form 109, line 2; (but not less than -0-)		

Prior Yea	r NULS									
(a) Year loss	of Code - See	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2022	(f) Amount used in 2023		(h) Carryover to 2024 col. (e) minus col. (f)			
<u>2</u> • 202	140	• GEN	• 9,099	• 4,638	• 0	0	4,638 4			
۲	۲	۲	۲	۲	۲		۲			
۲	۲	۲	۲	۲	۲		۲			
۲	۲	۲	۲	۲	●		۲			
Current Y	ear NOLs									
3 2023		DIS					col. (d) minus col. (f) See instructions.			
4 2023										
2023										
2023										
2023										
* Type of	NOL: General (GEN	I), New Business	(NB), Eligible Small Busi	ness (ESB), or Disaster (I	DIS).					
Part III 2	023 NOL deduction	n								
1 Total	the amounts in Par	t II, line 2, colun	nn (f)			• 1 <u> </u>	00			
2 Enter	the total amount fr	om line 1 that re	presents disaster loss ca	rryover deduction here an	d on Form 100, line 21;					
Form	100W, line 21; or F	orm 100S, line	19. Form 109 filers enter ·	-0-		2	00			
3 Subt	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19: Form 100W, line 19: Form 100S,									

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