

# Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning 7/1/2007 and ending 6/30/2008

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization  
Alpha-1 Foundation, Inc. (d/b/a Alpha One Foundation)  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2937 SW 27 Ave 302  
 City or town State or country ZIP + 4  
Miami FL 33133-3772

**D** Employer identification number  
65-0585415

**E** Telephone number  
305 567-9888

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Website: ▶ www.alphaone.org

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,645,288

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

	<b>1</b> Contributions, gifts, grants, and similar amounts received: <b>a</b> Contributions to donor advised funds <b>b</b> Direct public support (not included on line 1a) <b>c</b> Indirect public support (not included on line 1a) <b>d</b> Government contributions (grants) (not included on line 1a) <b>e</b> <b>Total</b> (add lines 1a through 1d) (cash \$ <u>4,805,937</u> noncash \$ <u>43,870</u> )	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">1a</td><td style="width: 45%;"></td><td style="width: 50%; text-align: right;">0</td></tr> <tr><td>1b</td><td></td><td style="text-align: right;">4,849,807</td></tr> <tr><td>1c</td><td></td><td style="text-align: right;">0</td></tr> <tr><td>1d</td><td></td><td style="text-align: right;">0</td></tr> </table>	1a		0	1b		4,849,807	1c		0	1d		0		
1a		0														
1b		4,849,807														
1c		0														
1d		0														
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>	112,841												
	<b>3</b> Membership dues and assessments		<b>3</b>	0												
	<b>4</b> Interest on savings and temporary cash investments		<b>4</b>	0												
	<b>5</b> Dividends and interest from securities		<b>5</b>	204,951												
Revenue	<b>6a</b> Gross rents	6a														
	<b>b</b> Less: rental expenses	6b														
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a		6c	0												
	<b>7</b> Other investment income (describe ▶ See Attached Statement )		7	-77,165												
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other													
	<b>b</b> Less: cost or other basis and sales expenses	0	0	8a												
	<b>c</b> Gain or (loss) (attach schedule)	0	0	8b												
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)			8c	0											
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>															
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	9a	554,854													
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	127,072													
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a		9c	427,782												
	<b>10a</b> Gross sales of inventory, less returns and allowances	10a	0													
	<b>b</b> Less: cost of goods sold	10b	0													
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	0												
	<b>11</b> Other revenue (from Part VII, line 103)		11	0												
	<b>12</b> <b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	5,518,216												
Expenses	<b>13</b> Program services (from line 44, column (B))		13	4,617,695												
	<b>14</b> Management and general (from line 44, column (C))		14	483,419												
	<b>15</b> Fundraising (from line 44, column (D))		15	375,733												
	<b>16</b> Payments to affiliates (attach schedule)		16	0												
	<b>17</b> <b>Total expenses.</b> Add lines 16 and 44, column (A)		17	5,476,847												
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12		18	41,369												
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		19	4,750,904												
	<b>20</b> Other changes in net assets or fund balances (attach explanation)		20	0												
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	4,792,273												

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 2,778,615 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	2,778,615	2,778,615		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	318,678	227,717	35,715	55,246
25 b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
25 c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	553,385	338,733	88,364	126,288
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	166,113	105,253	26,331	34,529
29	Payroll taxes	53,579	34,157	7,834	11,588
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	99,276	52,527	29,109	17,640
34	Telephone	34,908	21,181	6,402	7,325
35	Postage and shipping	95,095	74,242	5,745	15,108
36	Occupancy	122,436	77,174	19,398	25,864
37	Equipment rental and maintenance	20,006	12,073	3,629	4,304
38	Printing and publications	104,582	87,876	5,056	11,650
39	Travel	161,469	133,205	23,245	5,019
40	Conferences, conventions, and meetings	298,681	218,827	63,534	16,320
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	19,489	10,836	4,658	3,995
43	Other expenses not covered above (itemize):				
43 a	See attached statement	650,535	445,279	164,399	40,857
43 b		0	0	0	0
43 c		0	0	0	0
43 d		0	0	0	0
43 e		0	0	0	0
43 f		0	0	0	0
43 g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,476,847	4,617,695	483,419	375,733

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ ;  
 (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ▶ See explanation below</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a</b> The mission of the Foundation is to save lives through research, early detection and improved treatment programs for individuals diagnosed with Alpha-1 Antitrypsin Deficiency. The Foundation's services include sponsoring medical research, a national registry, awareness, a State of Florida detection program, advocacy, educational programs, and an interactive website.</p> <p>(Grants and allocations \$ 2,778,615 ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/></p>	<p>4,617,695</p>
<p><b>b</b></p> <p>(Grants and allocations \$ 0 ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>0</p>
<p><b>c</b></p> <p>(Grants and allocations \$ 0 ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>0</p>
<p><b>d</b></p> <p>(Grants and allocations \$ 0 ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>0</p>
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>0</p>
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶</p>	<p>4,617,695</p>

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	201,371	45	87,165
	46 Savings and temporary cash investments	1,095,694	46	1,179,996
	47 a Accounts receivable	212,240		
	b Less: allowance for doubtful accounts	0	47c	212,240
	48 a Pledges receivable	0		
	b Less: allowance for doubtful accounts	0	48c	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	0		
	b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,770,078	54a	4,118,721
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	0		
	b Less: accumulated depreciation (attach schedule)	0	55c	0
	56 Investments—other (attach schedule)	0	56	0
	57 a Land, buildings, and equipment: basis	195,388		
b Less: accumulated depreciation (attach schedule)	170,637	57c	24,751	
58 Other assets, including program-related investments (describe <input type="checkbox"/> See attached statement )	69,624	58	29,010	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	5,579,672	59	5,651,883	
Liabilities	60 Accounts payable and accrued expenses	710,259	60	717,704
	61 Grants payable		61	
	62 Deferred revenue	118,509	62	141,906
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> )	0	65	0
66 <b>Total liabilities.</b> Add lines 60 through 65	828,768	66	859,610	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,673,496	67	2,235,716
	68 Temporarily restricted	3,077,408	68	2,556,557
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,750,904	73	4,792,273
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	5,579,672	74	5,651,883

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	7,465,177
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify): See attached schedule	<b>b4</b>	1,946,971	
	Add lines b1 through b4		<b>b</b>	1,946,971
<b>c</b>	Subtract line b from line a		<b>c</b>	5,518,206
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	5,518,206

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	5,603,919
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify): Special Event Expenses	<b>b4</b>	127,072	
	Add lines b1 through b4		<b>b</b>	127,072
<b>c</b>	Subtract line b from line a		<b>c</b>	5,476,847
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	5,476,847

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Wayne E. Withers Str 10890 NW 29 ST City MIAMI ST FL ZIP 33172	Title Chair Hr/WK 8	0	0	0
Name William J. Martin II Str 111 T W Alexander D City RESEARCH TRIAL ST NC ZIP 27709	Title Vice Chair Hr/WK 4	0	0	0
Name John W. Walsh Str 2937 SW 27 Ave Suite City MIAMI ST FL ZIP 33133	Title Pres. & CEO Hr/WK 35	140,282	30,165	0
Name Robert C. Barrett Str 2937 Sw 27 Ave Suite City MIAMI ST FL ZIP 33133	Title V.P. & CFO Hr/WK 10	50,960	10,936	0
Name Marcia F. Ritchie Str 2937 SW 27 Ave Suite City MIAMI ST FL ZIP 33133	Title V.P. & COO Hr/WK 40	127,436	31,094	0
Name Rob Williams, Esq Str 350 E. Broadway City JACKSON HOLE ST WY ZIP 83001	Title Secretary Hr/WK 4	0	0	0
Name Ab Rees Str 810 W 57 Terrace City KANSAS CITY ST MO ZIP 64113	Title Treasurer Hr/WK 8	0	0	0
Name Greg Hules Str 1715-1/2 Pulaski Roa City BUFFALO ST MN ZIP 55313	Title Director Hr/WK 4	0	0	0
Name David A. Brenner Str 9500 Gilman Dr City LA JOLLA ST CA ZIP 92093	Title Director Hr/WK 4	0	0	0
Name Elaine Alfonzo Str San Agustin B-26 City CAGAUS ST PR ZIP 00725	Title Director Hr/WK 4	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (14), 75b (X), 75c (X), and 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Multiple rows for listing individuals.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 81a, and 81b.

**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members	85c	
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	87a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
<b>90 a</b>	List the states with which a copy of this return is filed ▶ See attached worksheet		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	33
<b>91 a</b>	The books are in care of ▶ Name Robert C. Barrett Telephone no. ▶ 305 567-9888 Located at ▶ 2937 SW 27 Ave Suite 305 City MIAMI ST FL ZIP + 4 ▶ 33133-3772		
<b>b</b>	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
If "Yes," enter the name of the foreign country ▶
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Publication income	511120	96,000			
b Reimbursement of payroll expenses			02	16,841	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	204,951	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	-77,165	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					427,782
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		96,000		144,627	427,782
105 Total (add line 104, columns (B), (D), and (E))					668,409

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 b	Reimbursed salaries & benefits are charges for time spent on projects for a related organization COPD Foundation.
101	All special events include educational components including updates on programs and research projects

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				0

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X


	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

**Please Sign Here**

Signature of officer:  Date: November 12, 2008

Type or print name and title: Robert C. Barrett, Vice President and Chief Financial Officer

**Paid Preparer's Use Only**

Preparer's signature: JOHN F. WARD Date: 10/28/2008 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): 123-34-2624

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHN F. WARD, CPA, 10425 SW 48 PL, GAINESVILLE, FL 32608-7173 EIN: 59-2002692 Phone no.: (352) 375-6424

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **Alpha-1 Foundation, Inc. (d/b/a Alpha One Foundation, Inc.)**  
Employer identification number: **65-0585415**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mayra Grandio, 14352 SW 18 ST Miami, FL 33175	Executive Assistant 40	55,804	11,998	
Patrick Lunn, 1320 San Remo Ave Coral Gables, FL 33146	Controller 40	55,190	11,869	
Randell Plant, 1000 West Ave #420 Miami Beach, FL 33139	Director Research Adm 40	57,050	12,266	
Angela McBride, 701 Surfside Blvd Surfside, FL 33154	Director of Development 40	62,289	13,392	
Jorge Zamudio, 1200 Brickell Bay Drive # 1824 Miami, FL 33131	Director of Program Adm 40	54,463	11,710	
Total number of other employees paid over \$50,000 ▶	1			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Oblon, Spivak, et. al., 1940 Duke St Alexandria, VA 22314	Legal services	79,311
Beth Labasky & Associates, 300 West Pensacila St Tallahassee, FL 32301	Consulting	68,637
Red Planet Graphics, 9900 West sample Road Coral Springs, FL 33065	Printing	55,053
Madison Associates, LLC, 316 Pennsylvania Ave SE Suite 404 Washington, DC 2003	Government Relations	50,058
Total number of others receiving over \$50,000 for professional services ▶	NONE	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>9,900</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a	X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.</p>	3c	X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.</p>	4a	X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	X
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	X
<p>d Enter the total number of donor advised funds owned at the end of the tax year. ►</p>	NONE	
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. ►</p>	NONE	
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. ►</p>	NONE	
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ►</p>	NONE	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  ..... City ..... ST ..... Country .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
<b>Total</b>					0

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,274,331	5,087,789	5,161,780	4,514,171	21,038,071	
16 Membership fees received					0	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	48,000	158,684	480,899	467,427	1,155,010	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	156,761	66,091	30,900	14,431	268,183	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0	
23 Total of lines 15 through 22	6,479,092	5,312,564	5,673,579	4,996,029	22,461,264	
24 Line 23 minus line 17	6,431,092	5,153,880	5,192,680	4,528,602	21,306,254	
25 Enter 1% of line 23	64,791	53,126	56,736	49,960		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 426,125	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 8,873,554	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 21,306,254	
d Add: Amounts from column (e) for lines:	18 268,183	19	26b 8,873,554		26d 9,141,737	
e Public support (line 26c minus line 26d total)					26e 12,164,517	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 57.09%	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
	(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)		
c Add: Amounts from column (e) for lines:	15	16	17	20	21	27c 0
d Add: Line 27a total and line 27b total					27d 0	
e Public support (line 27c total minus line 27d total)					27e 0	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
.....		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		
b Admissions policies? .....		
c Employment of faculty or administrative staff? .....		
d Scholarships or other financial assistance? .....		
e Educational policies? .....		
f Use of facilities? .....		
g Athletic programs? .....		
h Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....		
b Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
.....		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		



