	. <del>9</del> 90-T	Ex	empt Organia	zation Bu	ısin	ess Incom	е Та	x Retu	rņ	L	ОМВ	No 1545-068	17
Forn	, 33U-I	l	(and pro	ky tax un	der	section 60	33(	e))	1901	o l	9	<b>@18</b>	•
•	ž.	For cale:	ndar year 2018 or other ta	-			•		• •	`	22		)
Dep	artment of the Treasury	<b></b>	Go to www.irs.gov/F	orm990T for in	nstruc	tions and the late	est in	formation.			pen to l	Public Inspectio	on for
Inter	mal Revenue Service	► Do no	ot enter SSN numbers on	this form as it ma	ay be m	nade public if your o	rganiz	ation is a 501(		5	01(c)(3)	Organizations	Only
A	Check box if address changed		Name of organization (		t if nam	e changed and see in	structio	ons )				ification numl see instructions	
В	Exempt under section		Alpha-1 Foundation										
	X 501 (C ) (3)	Print	Number, street, and room	norsuite no Ifa P	O pox	, see instructions						85415	
	408(e) 220(e)	or	3300 Ponce de Leo	n Boulevard			710			nrelate lee instru		ness activity o	ode
	408A 530(a)	Туре	City or town		State		ZIP co						
	529(a)		Coral Gables Foreign country name	Fo	FL reverse	rovince/state/county F	3313						
			Foreign country name	, ,	ireigii pi	TOVINGE/State/County 1	Orcigii	postal code			541	800	
<u>c</u>	Book value of all assets at	F Grou	p exemption number	r (See instruct	ions)	<b>&gt;</b>						·-····	
	end of year 30,710,295		ck organization type			poration 50	01(c) 1	trust	401(	a) trus	st [	Other tru	ust
Н			nization's unrelated tra	ades or busine	esses	<b>&gt;</b>		Descri	be the	only	(or fir	st) unrelate	:d
	trade or business her				-1-4- 6	If only one, cor							he
	first in the blank space trade or business, the			entence, comp	olete F	Parts I and II, cor	npiete	e a Schedu	e IVI T	or ead	n add	litional	
$\overline{}$	During the tax year, wa			an affiliated or	OUD O	r a narent-subsidis	any co	ntrolled arou	n2		<u> </u>	Yes X	No
•	If "Yes," enter the name		-	_	•	a parent-subsidie	ary CO	illioned grou	ıp: .			_ 1e2 [V	] 140
J	The books are in care		Mark B Delvaux	ouront oorporus		Telep	hone	number •	<b>3</b>	05-56	7-988	8	
P			Business Income	9		(A) Income		(B) Ex				(C) Net	
1	a Gross receipts or s	ales						2.4	1		W V	137 15 2	180
	<b>b</b> Less returns and allows			Balance ►	1c	0		" "h".	1 <u>,                                    </u>		- 5	19, p.	· ·
2	Cost of goods sold				2			,	. 2.	1	, , , , ,	b. J. 37.	w. <sub>53</sub> 4
3	Gross profit Subtra				3	0			70			0	-
4	a Capital gain net inc			rm 4707)	4a 4b			RECE	<i>α</i> 1 <del>1</del> <del>1</del> <del>1</del> <del>1</del> 1 1 1 1 1 1 1 1 1 1 1	- /; -	1		-
	<ul><li>Net gain (loss) (Form</li><li>Capital loss deduct</li></ul>		art II, line 17) (attach Fo	)IIII 4797)	4c		<del>    r</del>		<del>* •</del>		10		
5	•		or an S corporation (attac	h statement)	5		8	MAR 2	19 %		1		
6	Rent income (Sche	-	and corporation (attac	otato	6		Ö	1417-11-2		1.0 -	27		
7	Unrelated debt-fina		ome (Schedule E)		7		1		-, -	17			
8	•	-	from a controlled organizat	•	8			OGDI	=!	U			
9			)(7), (9), or (17) organization	(Schedule G)	9								-
10	Exploited exempt a	-			10	246 000		4	2 796	1		220 244	
11 12	Advertising income		ie J) ons, attach schedule)		11 12	246,000		6 - 19 2E 1 1	6,786			229,214	
13	· ·				13	246,000			6,786			229,214	-
			ken Elsewhere (S	ee instructio							con		1
			directly connected							F		,	
14			rectors, and trustees							14	i		
15	Salaries and wages			,						15		70,030	
16	Repairs and mainte	enance								16		1,117	
17	Bad debts									17			
18	Interest (attach sch		ee instructions)							18			
19 20	Taxes and licenses		e instructions for limit	ation rules)						19 20			
21	Depreciation (attac			. allon rules)		21		1,554		- 20			<del> </del>
22			n Schedule A and els	ewhere on ret	urn	22a				22b		1,554	
23	Depletion	,				<u> </u>				23			
24	Contributions to de	ferred cor	mpensation plans							24			
25	Employee benefit p									25		14,368	
26	Excess exempt exp					•				26	<u> </u>	400 70	<u> </u>
27 28	Excess readership	-	•							27		102,584	
26 29	Other deductions (a Total deductions.		-						28	20		20,794 210,447	
30			income before net op	erating loss de	educti	on Subtract line	29 fr		~ V	28 29 30		18,767	<del>                                     </del>
31			s arising in tax years be	-					۸.	31	F .5"	2,30	<del>                                     </del>
32			ncome Subtract line					<b>-</b> /	31	32		18,767	
For	Paperwork Reduction									T	Fo	rm <b>990-T</b> (2	2018)

Pa	art	II T	otal Unrelated Business Taxable Income			
33、		Total of u	inrelated business taxable income computed from all unrelated trades or businesses (see			
		instructio	·	33	18,76	7
34			paid for disallowed fringes	34		
35			n for net operating loss arising in tax years beginning before January 1, 2018 (see			
		instructio		35		ol
36			inrelated business taxable income before specific deduction. Subtract line 35 from the sum			_
50			33 and 34	36	18,76	<sub>7</sub>
27			deduction (Generally \$1, 000, but see line 37 instructions for exceptions)	37	1,00	
37			All of some 4 weeks to be some Outstand has 0.7 forms long 0.0. If him 0.7 is proported them long 0.0.	17	1,00	4
38			d business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, smaller of zero or line 36.	].	17.76	ا_
			Smaller of zero of lime oo	38	17,76	<u>/                                    </u>
Pa	rt ľ		ax Computation	<del>-                                    </del>		
39			ations Taxable as Corporations. Multiply line 38 by 21% (0 21) ↓0▶	39	3,73	1
40		Trusts Ta	axable at Trust Rates. See instructions for tax computation. Income tax on the	1		
		amount o	on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41		Proxy ta	x. See instructions	41		
42		Alternativ	ve minimum tax (trusts only)	42		
43			Inncompliant Facility Income, See instructions	43		
44			Id lines 41, 42, and 43 to line 39 or 40, whichever applies	44	3,73	1
	art '		ax and Payments		· ·	
45			ax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
45		_	edits (see instructions)			
			business credit Attach Form 3800 (see instructions)			
			, , , , , , , , , , , , , , , , , , , ,			
			' ' ' <del></del>	-7		را
			edits. Add lines 45a through 45d	45e		0
46			line 45e from line 44	46	3,73	1
47			s Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		+
48			The most of and the coordinates of the coordinates	-	3,73	1
49			965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50	а	Payment	s A 2017 overpayment credited to 2018			
	b	2018 est	imated tax payments 51b 23,006			
	С	Tax depo	osited with Form 8868 50c			
	ď	Foreign o	organizations Tax paid or withheld at source (see instructions)			
	е	Backup v	withholding (see instructions) 50e			
	f	Credit fo	r small employer health insurance premiums (attach Form 8941)			
	g	Other cre	edits, adjustments, and payments Form 2439			
	١	-	1 4136			İ
51	L		yments. Add lines 50a through 50g	51	23,00	6
52			d tax penalty (see instructions) Check if Form 2220 is attached \$3 ▶□	52	<u>25,00</u>	
				53		0
53			If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			<del>-</del>
54			ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	19,23	
55			amount of line 54 you want. Credited to 2019 estimated tax Refunded	55	19,23	3
Pa	irt \	VI St	atements Regarding Certain Activities and Other Information (see instructions)			
56		At any tir	me during the 2018 calendar year, did the organization have an interest in or a signature or other	authority	Ye	s No
		over a fir	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may hav	e to file		
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign	country	_	
		here <b>&gt;</b>		-		X
57		During the	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust?		X
		_	see instructions for other forms the organization may have to file	<b>3</b>		
58			e amount of tax-exempt interest received or accrued during the tax year > \$			
			r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and belief.	it is true, com	ect,
٥:			omplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
	gn		1 3/19/20 Vice President and Chief Finan	May the IRS dis		
He	ere			the preparer sh instructions)?	Yes	ee No
		Sigi	nature of officer Date Title			
_	. : - •		Print/Type preparer's name Preparer's signature Date Chec	ck I if F	PTIN	
Pa				employed		
	-	arer	Firm's name ▶	EIN P		
Us	se (	Only				
		- 1	Firm's address Phone	- 110		

Form 990-T (2018) Al	pha-1 Foundation	on, Inc				65	-0585415	Page 3
Schedule A-Cost of Goo	ds Sold. Ente	r method o	finventory	valuatio	n <b>▶</b>			
<ol> <li>Inventory at beginning of</li> <li>Purchases</li> <li>Cost of labor</li> <li>Additional section 263A of (attach schedule)</li> <li>Other costs (attach schedule)</li> <li>Total. Add lines 1 through</li> <li>Schedule C—Rent Income (see instructions)</li> </ol>	costs dule) 4	1 2 3 3 4a 4b 55	0	6 In 7 Co lin ar 8 Do pr	ventory at en ost of goods ie 6 from line ind in Part I, lind to the rules of operty produce poly to the organia	sold. Subtract 5 Enter here ne 2 section 263A (wi ced or acquired for	or resale)	0 Yes No
1 Description of property								
(1)								
(2)								
(3)							<del></del>	
(4)								
	2 Rent receiv	red or accrued						
(a) From personal property (if the perfor personal property is more than more than 50%)		percentag	om real and pers le of rent for pers f the rent is base	sonal proper	ty exceeds		irectly connected wit a) and 2(b) (attach s	
(1)								
(2)								
(3)			·· <del>-</del>				<u> </u>	
(4) T-4-1		<del></del>		<del></del>				
Total  (c) Total income. Add totals of cohere and on page 1, Part I, line 6, of	, ,	Total b) Enter			0	(b) Total deduct Enter here and o Part I, line 6, col	on page 1,	0
Schedule E-Unrelated De	ebt-Financed	Income (se	e instruction	ns)				
1 Description of debt.	Gross income from or allocable to debt-financed		3. [	Deductions directly cor to debt-finan	able			
Description of debt-financed property			property (a) Straight			t line depreciation (b) Other d th schedule) (attach sc		
(1)				<u> </u>	ļ			
(2)			<b></b>					
(3)								
(4)	·				ļ			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-financed (attach sci	able to I property	6. Colu 4 divid by colu	led		come reportable 2 × column 6)	8. Allocable d (column 6 × tota 3(a) and	at of columns

%

%

%

%

(1)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

000

0

0

Enter here and on page 1,

Part I, line 7, column (B)

Form **990-T** (2018)

0

0

0

0

0

**>** 

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F-Interest, Annuiti	<u>es, Royalties,</u>					i <b>zations</b> (see	e instru	ctions)	
•		Exempt	Controlled	Organization	<u>s</u>	<del></del>			
Name of controlled organization	2. Employer identification number	1	related income e instructions			5 Part of colur included in the organization's g	controllin	ig conn	eductions directly ected with income in column 5
(1)					_				
(2)						<u> </u>		_]	
(3)									
(4)		<u> </u>							
Nonexempt Controlled Organization	s				_				
7. Taxable Income	8. Net unrelated ( (loss) (see instru			Total of specified payments made	i	10. Part of colu included in the organization's g	controllin	ig conne	Deductions directly cted with income in column 10
(1)							·		
(2)								_T_	
(3)					_			_]	
(4)			<u></u>						
						Add columns Enter here and Part I, line 8, c	on page	1, Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals								0	0
Schedule G-Investment Inco	me of a Section	on 501(c	)(7), (9), (	or (17) Orga	anizati	on (see instrui	ctions)		
1 Description of income	2. Amount of	ncome	dire	Deductions ectly connected tach schedule)		4. Set-asides (attach schedu		and se	tal deductions et-asides (col. 3 lus col. 4)
(1)									0
(2)									0
(3)				·					0
(4)									0
Totals •	Enter here and of Part I, line 9, col					<u></u>			e and on page 1, e 9, column (B) 0
Schedule I—Exploited Exemp	t Activity Inco	me, Oth	er Than <i>f</i>	<u><b>Advertising</b></u>	Incon	ne (see instruc	tions)		
Description of exploited activity	2. Gross unrelated business incon from trade or business	ne conn prod ur	expenses directly ected with duction of intelated ess income	4. Net income of from unrelated or business (cc 2 minus column of a gain, companies 5 through	trade plumn in 3) pute	5. Gross income from activity that is not unrelated business income	attribi	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			- "		0				0
(2)					0				0
(3)					0				0
(4)					0				0
	Enter here and page 1, Part I line 10, col. (A	, page ) line 1	here and on e 1, Part I, 0, col (B)						Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0]	0						0
Schedule J—Advertising Inco				<del> </del>					
Part I Income From Perio	dicals Reporte	ed on a (	Consolid	ated Basis				_	
1. Name of penodical	2 Gross advertising income	L	. Direct tising costs	4 Advertisir gain or (loss) 2 minus col 3 a gain, comp cols 5 throug	(col 3) If ute	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Alpha-1-To-One Magazine								<del></del>	
(2)									
(3)		ì							
(4)									
	<b>•</b>	0	0		0	0		0	0

(4)

Total. Enter here and on page 1, Part II, line 14

<u>%</u> ▶

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis ) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 minus column 5, 3. Direct 5 Circulation 6 Readership 1. Name of periodical advertising 2 minus col 3) If advertising costs income costs but not more than column 4) ıncome a gain, compute cols 5 through 7 246,000 16,786 229,214 102,584 (1) Alpha-1-To-One Magazine 102,584 (2) 0 0 0 (3) 0 (4) 0 0 Totals from Part I 0 0 0  $\triangleright$ Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) 246,000 16.786 102,584 Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1 Name 2 Title time devoted to unrelated business business (1) % % (2) (3) % .

Form **990-T** (2018)

0

Line 28 (990-T) - Other Deductions

1 Consulting fees	1 7,500
2 Equipment rent	2 655
3 Postage	3 225
4 Telephone	4 62
5 Utilities	5 472
6 Online services	<b>6</b> 1,08°
7 Occupancy	7 10,240
8 Total other deductions	8 20,794
9 Total deductions less expenses for offsetting credits	9 20.794