# 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
A F	or the 2	2016 calendar year, or tax year beginning $01/01/2016$ , and ending $12/3$	31/20	016	
B Ch	neck if ap	plicable C Name of organization	D Emplo	yer identi	fication number
□ A	ddress c		46-	<u> 11851</u>	50
□ N	ame cha	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telepi	none numb	er
☐ tr	iitial retu	00	(4)	<u> </u>	4-5213
F	ınal retur	n/terminated City or town, state or province, country, and ZIP or foreign postal code	F Group	Exempti	on
□ A	mended	return	Numi	ber	
	pplicatio	Jacksonville, FL 32202			
G A	ccountii	ng Method	Check 🕨	· 🔲 ıf the	e organization is <b>not</b>
I W	ebsite:	▶ www.flnonprofits.org	equired	to attach :	Schedule B
J Ta	ax-exer	npt status (check only one) - 🗶 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (	Form 99	0, 990-E	Z, or 990-PF)
		organization X Corporation Trust Association Other			
L A	dd lines	5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total asset	s		
		mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	1	<b>\$</b>	115,868.
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ons for	Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I			. 🗆
	1	Contributions, gifts, grants, and similar amounts received		1	80,000.
	2	Program service revenue including government fees and contracts .	. 1	2	8,620.
	3	Membership dues and assessments	ı	3	27,031.
	4	Investment income	ļ	4	217.
	_	Gross amount from sale of assets other than inventory	Ì		
		Less cost or other basis and sales expenses . 5b			
	_	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events		-	
1	-	Gross income from gaming (attach Schedule G if greater than	<b>≕</b> 3		
g	a		1		
Revenue	h	of contributerers'	1		
36			<b>31</b>		
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	81		
	_	Less, direct expenses from gaming and fundraising events  6c	<u> </u>		
	_	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and supplied N. 100)		Ì	
	d			6d	
	7.	line 6c)  Gross sales of inventory, less returns and allowances  7a		00	
		Gross sales of inventory, less returns and allowances			
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	C			8	
	8	Other revenue (describe in Schedule 0)	•	9	115,868.
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10	110,000.
	10	Grants and similar amounts paid (list in Schedule O)		11	
,_	11	Benefits paid to or for members		12	71,431.
505	12	Salaries, other compensation, and employee benefits	•	13	28,499.
Expenses	13	Professional fees and other payments to independent contractors			1,961.
Ĕ	14	Occupancy, rent, utilities, and maintenance	•	14	3,697.
	15	Printing, publications, postage, and shipping		15 16	18,608.
	16	Other expenses (describe in Schedule O)		-	
_	17	Total expenses. Add lines 10 through 16		17 18	124,196.
şt	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	•	10	-8,328.
388	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		10	20 407
Net Assets		end-of-year figure reported on prior year's return)		19	29,497.
ž	20	Other changes in net assets or fund balances (explain in Schedule O)	_	20	21,169.
	121	Net assets or fund balances at end of year. Combine lines 18 through 20		21	ZI,109.

For Paperwork Reduction Act Notice, see the separate instructions.
UYA

Form **990-EZ** (2016)

23 24 25 26	Balance Sheets (see the instructions Check if the organization used Scheol Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) Total assets			is Part II A) Beginning of year 29,497.	22	(B) End of year 24,754.
23 24 25 26	Cash, savings, and investments  Land and buildings  Other assets (describe in Schedule O)	dule O to respond to		A) Beginning of year	22	
23 24 25 26	Land and buildings Other assets (describe in Schedule O)				22	
23 24 25 26	Land and buildings Other assets (describe in Schedule O)			29,497.		24,754.
24 25 26	Other assets (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·		
25 26	•				23	
25 26	•	4 4			24	
26			<u> </u>	29,497.	25	24,754.
	Total liabilities (describe in Schedule O)	·			26	3,583.
	Net assets or fund balances (line 27 of column (B)	must acree with line 21\	<del> </del>	29,497.	27	21,171.
Part I			the instructions for		-:-	
rait	Check if the organization used Sched					Expenses
\A/hat ia					(Red	quired for section
	the organization's primary exempt purpose? The Flo					c)(3) and 501(c)(4)
	be the organization's program service accompl				orga	nizations, optional for
	asured by expenses. In a clear and concise ma		vices provided, the r	iumber of		•,
	s benefited, and other relevant information for	each program title			<b> </b>	
28 _			<del></del>			
_						
_						
(G	Grants \$ ) If this amount	includes foreign grants, ch	neck here	▶□	28a	
29						
_			<del>- '11</del>	<u> </u>		
-					}	
īc	Grants \$ ) If this amount	includes foreign grants, ch	neck here	▶□	29a	
30	y is this direction	molados foreign grants, or	iook noro			
30 _						
_					İ	
-	Orașia C ) If this amount	includes farour grants, of	ook horo		30a	
<u>`</u>		includes foreign grants, ch	ieck neie		30a	··-
	Other program services (describe in Schedule O)			. □	24-	
<u> </u>		includes foreign grants, ch	neck nere	₽Ų	31a	1
	otal program service expenses (add lines 28a throu		• • • • • • • • • • • • • • • • • • • •	<u>.</u> ▶	32	<u> </u>
Part					he ins	tructions for Part IV
	Check if the organization used Sched	dule O to respond to				
		(b) Average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to employ</li></ul>	veel (A)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	0	ther compensation
		devoted to position	(If not paid, enter -0-)	deferred compensati	on	· · · · · · · · · · · · · · · · · · ·
Scot	t C Jenkins					
Dire	ector	02.00				
Marl	lene Spalten					
	ector	02.00			- 1	
	Granger					
	ector	02.00				
	en Connolly - Keesler	<del> </del>			$\neg$	
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	ndo Shabazz-Phillips	02.00	·		$\dashv$	
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	ector	02.00			+	
	a Coughlin				- 1	
	irman	05.00				
Marc	garet Linnane					
	ector	02.00	)		_	
Dire	ly Benham					
		02.00	)			
Emil	ector	000			$\neg \neg$	
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Emil		- 02.00				
Emil		02.00			-	
Emil		02.00				
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Emil						

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	· V		
<u> </u>	mentione is that the organization about our to respond to any quotient in the train	•	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
05-	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-		
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	_	X
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		^
	during the year? If "Yes," complete applicable parts of Schedule N	36	'	х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	100		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities . 39b	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		ļ	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40ь		
С	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	400		X
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			1
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed FL			
42a	The organization's books are in care of ▶Accounting At All Cost Inc Telephone no ▶ (90	4)56	6-7	149
	Located at ▶ 3115 Spring Glen Rd Ste. 504 Jacksonville, FL ZIP+4 ▶ 322	07		,
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the United States?	42c		7
С	If "Yes," enter the name of the foreign country	420		_ X_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		. •	
	40		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1.55	1
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		x
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-,- <u>-</u> ,-	ļ	<u> </u>
	Form 990-EZ (see instructions)	45b	<u> </u>	X

Form 99	90-EZ (2016) Florida NonProfit	Alliance In	ıc	46-	118515	0 F	age 4
						Yes	No
46	Did the organization engage, directly or indirectly	, in political campaign act	tivities on behalf of or in o	oposition			
	to candidates for public office? If "Yes," complet		<u> </u>	<u> </u>	. 46		X
Part			. 47 405 50				
	All section 501(c)(3) organizations r	nust answer question	is 47-490 and 52, and	complete the tables to	or lines		
	50 and 51.		anii miinniinn in ihin F	\a_+ \ (I			
	Check if the organization used Sche	edule O to respond to	any question in this F	anvi		Tv	<del>-   -  </del>
47	Dod the second of the second o		-1	h- 4		Yes	No
47	Did the organization engage in lobbying activities		_		47	x	
48	year? If "Yes," complete Schedule C, Part II				47	<u> </u>	x
40 49a	Is the organization a school as described in sect Did the organization make any transfers to an ex			- · · · · · · · · · · · · · · · · · · ·	49a	├	X
49a b	If "Yes," was the related organization a section 5	•	_		49b	$\vdash$	┼≏
50	Complete this table for the organization's five hig			directors trustees and ke			Ь
30	employees) who each received more than \$100,0				,		
	employees) who each received more than \$100,	Dod of compensation from	1	(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee	(e) Estimate	d amo	unt of
	(a) Name and the or each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other com	pensa	bon
				Compensation			
			<del> </del>			—	
			<b></b>				
		<u> </u>					
51	Total number of other employees paid over \$100 Complete this table for the organization's five high	hest compensated indep		ach received more than			
	\$100,000 of compensation from the organization	n. It there is none, enter	None "				
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice (c)	) Compensate	on	
	<del></del>						
			1				
			-				
	· · · · · · · · · · · · · · · · · · ·		-				
d	Total number of other independent contractors e	each receiving over \$10					
52	Did the organization complete Schedule A? No	-					
<b>J</b> 2	completed Schedule A						
Under	penalties of perjury, I declare that I have examined this	return, including accompa					
true, co	rrect, and complete Declaration of preparer (other than	n officer) is based on all in					
	sellen em						
Sign	Signature of officer						
Here	Sabeen Perwarz	Sul E					
	Type or print name and title	5/					
Paid	Print/Type preparer's name	Preparer's signature					
_	Tulian Villan	- 1/1/2					
Prep	Emir same b. A a a a sum fri m are b	alcost, Ir					
Use (	Firm's address > 3115 spring	//					
_	Jacksonville, FL 322						
May th	e IRS discuss this return with the preparer shown						
UYA							

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

OMB No 1545-0047

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Name of the organization Employer identification number Florida NonProfit Alliance Inc 46-1185150 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 \ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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 exempt 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). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B **b** Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supportedorganization (iv) is the organization (ii) EIN (iii)Type of organization (v)Amount of monetary (vi) Amount of support (see (described on lines 1-10 other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2016 Florida NonProfit Alliance Inc 46-1185150 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support			r	,				
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2	2016	(f) Total	
1	Gifts, grants, contributions, and						-		
	membership fees received (Do not								
	include any "unusual grants ") .								
2	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								_
3	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
4	Total. Add lines 1 through 3							_	
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly								
	supported organization) included on							ı	
	line 1 that exceeds 2% of the amount					l		i	
	shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4			l					
Section	on B. Total Support								
Calen	dar year (or fiscal year beginning in)▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2	2016	(f) Total	
7	Amounts from line 4					<u> </u>			
8	Gross income from interest, dividends,								
	payments received on securities loans,	1	1						
	rents, royalties and income from similar					Ì			
	sources .					ļ			
9	Net income from unrelated business								
	activities, whether or not the business					ļ			
	is regularly carried on .								
10	Other income Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI)					ļ			
11	Total support. Add lines 7 through 10			<u> </u>		<u> </u>			
12	Gross receipts from related activities, etc.		•			12			
13	First five years. If the Form 990 is for the	_	n's first, second	l, third, fourth,	or fifth tax yea	r as a	section !	501(c)(3)	_
	organization, check this box and stop he							<u> </u>	
Section	on C. Computation of Public Suppo								
14	Public support percentage for 2016 (line			11, column (f)	)	14			<u>%</u>
15	Public support percentage from 2015 Sch					15			%
16 a	33 1/3 % support test-2016. If the organ				nd line 14 is 33	1/3 % (	or more	, check this	
	box and stop here. The organization qua	•		•				•	Ш
b	33 1/3 % support test-2015. If the organ					is 33 <sup>1</sup>	/3 % or	more,	
	check this box and stop here. The organ	•			_	-		. ▶	Ш
17a	10%-facts-and-circumstances test-20	_							
	10% or more, and if the organization me Part VI how the organization meets the "f								
	organization .				,	- 17			
b	10%-facts-and-circumstances test–20	15. If the oras	anization did n	ot check a hox	on line 13 16	a. 16h	or 17a	and line	_
	15 is 10% or more, and if the organization								
	Explain in Part VI how the organization in						-		
	supported organization							. •	$\sqcap$
18	Private foundation. If the organization of	lid not check a	a box on line 1	3, 16a, 16b. 1	7a, or 17b. che	ck this	box and	d see	_
	instructions			, ,	,			<b>•</b>	
								<del></del>	

Schedule A (Form 990 or 990-EZ) 2016 Florida NonProfit Alliance Inc

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")					107,031.	107,031.
2	Gross receipts from admissions, merchandise	-			-		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					8,620.	8,620.
3	Gross receipts from activities that are not an .	<u> </u>					
	unrelated trade or business under section 513					<u> </u>	
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					1.	1
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge						
6	Total. Add lines 1 through 5					115,651.	115,651.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)					<u> L'</u>	<u>115,651.</u>
	on B. Total Support						<del>,</del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6					115,651.	115,651.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					1	
_	royalties and income from similar sources					217.	217.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
	Add lines 10a and 10b					217.	217.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets					1	
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,					<del>                                     </del>	<del> </del>
	and 12.)					115 060	115 060
14	First five years. If the Form 990 is for the	e organization	l 's first second	third fourth	or fifth tay you	1 26 2 Section	115,868.
	organization, check this box and <b>stop he</b> i		3 1113t, 3600110	, tillia, louitii,	or murtax yea	ai as a section	501(c)(5) ▶ □
Section	on C. Computation of Public Suppo		1A	· ·	<del></del>		
15	Public support percentage for 2016 (line			e 13. column (	f))	. 15	99.81%
16	Public support percentage from 2015				'''	16	<del>99.81</del> %
	on D. Computation of Investment In						
17	Investment income percentage for 2016			by line 13 col	lumn (f))	17	00.19%
18	Investment income percentage from 201	•		-	(-))	18	<del>00.19</del> %
	zzamena mozamo porodinago nom zo				and lima 1E ia		
19a	33 1/3 % support test_2016 If the organ	ization did no	ון כחפרא זחם אי	IX ()[] IIII(D) IV .	400 000 is is	more than 33	
19a	33 1/3 % support test-2016. If the organ line 17 is not more than 331/3 %, check this						
	line 17 is not more than 331/3%, check this	box and $\boldsymbol{stop}$	<b>here.</b> The orga	nızatıon qualıfı	es as a publicl	y supported org	ganization 🕨 🕱
19a b		box and <b>stop</b> zation did not	<b>here.</b> The orga check a box or	nization qualifi n line 14 or line	es as a publicl 19a, and line	y supported org 16 is more tha	ganization <b>▶ ∑</b> in 331/3%, and

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		]
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			1
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,	ŀ		
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action		_	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	<u> </u>	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			l
	anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also	ĺ		1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		<u> </u>	<u> </u>
	Part VI.	6	<u> </u>	<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			<u> </u>
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<u> </u>	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ļ		<u> </u>
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		}	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			<b> </b>
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	l		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		↓
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			<del>  </del>
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	├—	}—
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below.	10a	├—	+-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h	<del> </del>	

46-11	<u>851</u>	<u>50 F</u>	age <b>5</b>
		Yes	No
o) and (c)	11a		
	11b		
ul ın <b>Part VI</b> .	11c		
		Yes	No
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pervised, or ation,			
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ted plaın in <b>Part</b>			
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<del></del>		Yes	No
the directors			
how control or managed			
	1	<del></del>	
nonth of the	<u></u>	Yes	No
g the prior tax			
copies of the ly provided?	_		<b> </b>
supported	1		$\vdash \neg$
n <b>Part VI</b> how			
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ave a ation's			
ınızatıon's			
	3_		<u> </u>
the year ( <b>see i</b>	nstru	ction	s):
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/ vernment entity	(saa i	netru	rtions)
common emity	(300 /		,,,,,,,
.4		Yes	No
ot purposes of // identify			
ot purposes,			
on determined	20		<b> </b>
nt, one or more	2a		
Dort VI the	1	1	1

	le A (Form 990 or 990-EZ) 2016 Florida NonProfit Alliance Inc 46-11	<u>851</u>	<u>50 F</u>	'age <b>5</b>
Part	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
<b>L</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
b	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
Occi	on B. Type I oupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ	<u> </u>	<b></b>
	the supported organization(s).	<u> </u>		L
Secti	on D. All Type III Supporting Organizations		V	N <sub>a</sub>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<b> </b>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
•	significant voice in the organization's investment policies and in directing the use of the organization's	ĺ		1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s):
а	The organization satisfied the Activities Test Complete line 2 below			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstru	tions
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	İ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	1	1	1
	that these activities constituted substantially all of its activities	2a		<b> </b>
b		20	<del> </del>	$\vdash$
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.		t	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	I	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
.1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting of	rgan	izations must complete s	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del></del>	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-ır	itegrated Type III suppor	ting organization (see
IIVA		Schedule 4	(Form 990 or 990-EZ) 201

Schedule A (F	orm 990 or 990-EZ) 2010	Florida N	onProfit A	lliance Inc	:	46-1185150 Page 8
Part VI	Supplemental In Part III, line 12; P lines 1 and 2, Par	formation. Providant IV, Section A, It IV, Section C, In	de the explanations lines 1, 2, 3b, 3c, 4 le 1, Part IV, Section	s required by Part I lb, 4c, 5a, 6, 9a, 9l on D, lines 2 and 3,	I, line 10; Part II, lin b, 9c, 11a, 11b, and , Part IV, Section E,	e 17a or 17b; 11c, Part IV, Section B, Iines 1c, 2a, 2b,
					nes 5, 6, and 8, and	Part V, Section E,
	lines 2, 5, and 6	Also complete this	part for any additi	onal information (	See instructions )	
			<del>-</del> -			
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#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **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.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete 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-B

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

Name	Section 5 of organiza		ganizations Complete Part III		Employer ident	fication number
F1	rida	NonProfit	Alliance Inc		46-1185	5150
	rt I-A		organization is exempt un	der section 501		
1	Provide a		anization's direct and indirect political of		<del></del>	
2	Political o	ampaign activity exper	nditures (see instructions) .		<b>.</b> .	s 0
3	Volunteer	hours for political cam	npaign activities (see instructions)			
Pai	rt I-B	Complete if the	e organization is exempt un	der section 501	(c)(3).	
1	Enter the	amount of any excise	tax incurred by the organization under	section 4955	. •	\$ 0
2	Enter the	amount of any excise	tax incurred by organization managers	under section 4955		\$
3	If the orga	anization incurred a se	ction 4955 tax, did it file Form 4720 for	r this year? .		Yes No
4a	Was a co	orrection made?				Yes No
b	If "Yes," o	describe in Part IV				
Pa	rt I-C	Complete if the	e organization is exempt un	der section 501	(c), except section 50	1(c)(3).
1	Enter the	amount directly expen	ded by the filing organization for section	on 527 exempt function	activities •	\$0
2	Enter the	amount of the filing or	ganization's funds contributed to other	organizations for sect	tion 527 exempt	
	function a	activities		•	•	\$O
3	Total exe	mpt function expenditu	ires Add lines 1 and 2 Enter here and	I on Form 1120-POL I	ne 17b . 🕨	\$ <u>0</u>
4	Did the fi	ling organization file Fo	orm 1120-POL for this year?			Yes No
5	Enter the	names, addresses an	d employer identification number (EIN)	of all section 527 poli	tical organizations to which th	e filing organization made
	payments	For each organization	n listed, enter the amount paid from the	e filing organization's f	unds Also enter the amount of	of political contributions
	received	that were promptly and	directly delivered to a separate political	al organization, such a	s a separate segregated fund	or a political action
	committe	e (PAC) If additional s	space is needed, provide information in	Part IV		
	_		· · · · · · · · · · · · · · · · · · ·			<u> </u>
	,					(e) Amount of political
	(a	) Name	(b) Address	(c) EIN	(d) Amount paid from	contributions received and promptly and directly
					filing organization's	delivered to a separate
					funds If none, enter -0-	political organization of non-
					<u> </u>	enter -0-
(1)					1	
(2)						
(3)						
(4)						
(5)				_	İ	
	_					
(6)						
				Ī		

OMB No 1545-0047

Sche	dule C (For	m 990 or 990-EZ) 2016 Florida 1	<u> IonProfi</u> t	: Alliance	Inc		.85150 Page 2
	rt II-A	Complete if the organization section 501(h)).	is exempt u	ınder section 50	1(c)(3) and file		
A (	Check ►	if the filing organization belongs to	an affiliated group	(and list in Part IV ea	ch affiliated group n	nember's name, address	s, EIN, expenses,
		and share of excess lobbying expe					
В	Check 🕨	if the filing organization checked bo	x A and "limited o	control" provisions app	ly		
		Limits on Lobb	ying Expenditur	es		(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts pa	aid or incurred.)		organization's totals	group totals
18	a Total I	obbying expenditures to influence public	ppinion (grass roo	ts lobbying) .			
1	Total l	obbying expenditures to influence a legisl	ative body (direct	lobbying) .		10,417.	
(	Total l	obbying expenditures (add lines 1a and 1	b)			10,417.	
(	d Other	exempt purpose expenditures			•	113,779.	
(	e Total e	exempt purpose expenditures (add lines 1	c and 1d)			124,196.	<u> </u>
1	Lobby	ng nontaxable amount Enter the amount	from the following	g table in both columns	S	24,839.	
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not ove	er \$500,000	20% of the am	ount on line 1e			
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess ov	er \$500,000		
	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess ov	er \$1,000,000		
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ove	r \$1,500,000		
	Over \$	17,000,000	\$1,000,000				
	g Grass	roots nontaxable amount (enter 25% of lir	ne 1f)		6,210.		
ı	h Subtra	act line 1g from line 1a If zero or less, ent	er -0-				
i	i Subtra	act line 1f from line 1c If zero or less, ente	er -0-				
j	i If there	e is an amount other than zero on either li	ne 1h or line 1i, d	id the organization file			
	report	ng section 4911 tax for this year?					Yes No
		4	Year Averaging	Period Under section	on 501(h)		
		(Some organizations that made a	section 501(h) e	lection do not have t	to complete all of t	he five columns below	<b>7.</b>
		See t	he separate inst	ructions for lines 2a	through 2f.)		
		Lobby	ing Expenditure	s During 4-Year Ave	raging Period		
	C.	alendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total
	<b>2a</b> L	obbying nontaxable amount					
	b L	obbying ceiling amount					
	(	150% of line 2a, column (e))					
	сТ	otal lobbying expenditures					
	d G	Grassroots nontaxable amount					
		Grassroots ceiling amount 150% of line 2d, column (e))					
		Grassroots lobbying expenditures					

<u> </u>	II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T filed	Forn	า 5768
Ear.	(election under section 501(h)).	- (4	3)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers? .	•		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			•
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
į	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Vee " order the organization for activities and under eacher 4012.			· 11 · 图11 · 4 · 42
b	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912			· · · · · · · · · · · · · · · · · · ·
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F35.2500000000		BATE CONTA
	till-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5),	or se	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members? .	•		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Pan	III-B Complete if the organization is exempt under section 501(c)(4), section 501			
1 2	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses	OR (b		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	OR (b	) Par	
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses	OR (b	) Par	
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Schedule C (For	m 990 or 990-EZ) 2016	Florida	NonProfi	<u>t Alliance</u>	e inc		10-TTR2T20	Page 4
Part IV	m 990 or 990-EZ) 2016  Supplemental	Information	(continued)					
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

►Attach to Form 990 or 990-EZ.

Department of the Treasury

OMB No 1545-0047 Open to Public

Internal Revenue		▶ Infor	rmation abou	ıt Schedi	ule O (Form 9	90 or 990-EZ	) and its in	structions	is at www.ii			Inspecti	
Name of the orga	anization									Employe	r identifica	tion number	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Florida NonProfit Alliance Inc	46-1185150
Part I Line 16	
Advertising and promotion \$934.00	
Part I Line 16	
Information technology \$7094.00	
Part I Line 16	
<u>Travel \$4228.00</u>	
Part I Line 16	
Conferences, conventions, and meetings \$723.00	
Part I Line 16	
Insurance \$2521.00	
Part II Line 26	
Accounts payable and accrued expenses. Beginning: \$0	.00 Ending: \$3583.00