Contraction of the second		I		Cha			294	<b>192</b>	153	07013 8
<b>ر</b> ک		D-EZ I	D = 4		ort Form	h Eron		<b>.</b> .		OMB No 1545-1150
Form	33		Return of	Organizatio	on Exemp		n incor	ne la	X	2017
	ø.	Under se	ection 501(c), 52	7, or 4947(a)(1) of the	Internal Revenu	e Code (e	xcept privat	e foundat		
	•		Do not enter :	social security numb	ers on this form	as it may	be made pu	blic.		Open to Public
	artment of nal Revenu	ne Treasury e Service	Go to www	v.irs.gov/Form990EZ	for instructions	and the la	atest informa	ation.		Inspection
Ā	For the	017 calendar vear. or	r tax vear beginr	ning 01/01/20	017	, and	ending 12	/31/2	017	_
	Check if a		of organization							ntification number
	Address o	hange <b>Flori</b>	da Nonpr	ofit Alliar	n <u>ce</u> Inc			46-	1185	5150
	Name cha	nge Number a	nd street (or PO b	ox, if mail is not delivered	to street address)	1	Room/suite	E Telep	hone nu	mber
	Initial retu		<u>ast Adams</u>				229			<u>594-5213</u>
			vn, state or province	e, country, and ZIP or fore	eign postal code		$^{2}$	F Grou	•	ption
	Amended						$() \mathcal{I}$	Nurr	ider	
		n pending <b>Jacks</b> ng Method Casl		_ <b>FL 32202</b> Other (specify) ►			<u> </u>		<u> </u>	the organization is not
						<u> </u>	"			h Schedule B
		npt status (check only o			(insert no) 4	947(a)(1) or	527	•		-EZ, or 990-PF).
					ssociation	Other		_`		
			· <u> </u>	ss receipts If gross re	ceipts are \$200,00	00 or more	, or if total as	sets		
(Pa	rt II, colu	mn (B) below) are \$500	),000 or more, file	Form 990 instead of F	orm 990-EZ	· · · · ·			▶ \$	174,856.
Р	art I			nges in Net Assets						
				ule O to respond to any	question in this P	artl.	<u></u>	<u> </u>		
	1	Contributions, gifts, gra								87,736.
	2	-		rnment fees and contra					2	53,136.
	3	Investment income.							3	<u> </u>
	1 .			than inventory			i i			
	Ь			enses						
			-	than inventory (Subtrac					5c	
	6	Gaming and fundraisin	ig events							
	a	Gross income from ga	ming (attach Scho	edule G if greater than						
evenue		,				. 6a				
ୢୖ୷ୖୄ	b	Gross income from fur	÷ .			0	f contribution	s		
Śα		•	•	1) (attach Schedule G		ch	ł			
AWE		U		tions exceeds \$15,000 fundraising events						
Ľ	d			undraising events (add			<u>i</u>		2.1	
$\square$	l "			· · · · · · · · · · · · · · · · · · ·					6d	
	7 a			nd allowances						
	b									
þ.	c	Gross profit or (loss) fr	rom sales of inver	ntory (Subtract line 7b f	nom line (7a)	FIVE	D		7c	
Y	8	Other revenue (descrit	Je in Schedule O)						8	
2	9	Total revenue. Add I	ines 1, 2, 3, 4, 5c	, 6d, 7c, and 8	- ¥ • • • • • • • • • • • • • • • • • •	i a' 2011		<u> </u>	9	174,856.
018	10			Schedule O)		9.0 60.0	HS-	••••	10	
6	11   12	Salaries other comper	nembers	· · · · · · · · · ·		CAL B	TT I		<u>11</u> 12	88,770.
nse	13	Professional fees and	other payments to	oyee benefits o independent contracto	I UGU				13	26,692.
Expenses	14	Occupancy, rent, utiliti		•					14	3,131.
Ŵ	15	• •		ping					15	3,062.
	16	Other expenses (desci	ribe in Schedule (	D)					16	65,055.
	17			<u>h 1</u> 6					17	186,710.
ţ	18			line 17 from line 9)					18	-11,854.
SSB	19			ng of year (from line 27		-				00 0E4
Net Assets	20			's return)					<u>19</u> 20	23,254.
ž	20 21	-		ances (explain in Sche ear Combine lines 18 t				-		11,400.
 For		rk Reduction Act Notice				<u> </u>	<u></u>		1	Form <b>990-EZ</b> (2017)
111/2	· · · ·									· · · · · · · · · · · · · · · · · · ·

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	990-EZ (2017) Florida Nonprofit All			46-	11	85150 Page 2
Pa	t II Balance Sheets (see the instructions for		and acception in th	- D - 4 11		_
	<ul> <li>Check if the organization used Schedul</li> </ul>	e O to respond to			1	
22	Cash, savings, and investments			(A) Beginning of year	+	(B) End of year
23	· ····, ·····			23,254.		14,926.
24	Land and buildings			0.	23	0.
25				0.	24	0.
25	Total assets			<u>23,254</u> .	25	14,926.
	Total liabilities (describe in Schedule O).			0.	26	3,408.
27	Net assets or fund balances (line 27 of column (B) mu			23,254.	27	11,518.
	t III Statement of Program Service Accor Check if the organization used Schedul is the organization's primary exempt purpose? To inform	e O to respond to	any question in th	nis Part III 🗌	(Re	Expenses equired for section
Desc as m	b the organization's primary exempt purpose: <u>To inform</u> eribe the organization's program service accomplish easured by expenses. In a clear and concise mann ons benefited, and other relevant information for ea	nments for each of i her, describe the ser	ts three largest prog	ram services,	orga	(c)(3) and 501(c)(4) anizations, optional for ers )
	·				1	
	(Grants \$ ) If this amount inc	ludes foreign grants, cl	neckhere	🕨 🔲	28a	1
29						
	(Grants \$ ) If this amount inc	ludes foreign grants, cl	neck here		29a	1
30						
				-		
	(Grants \$ ) If this amount inc	ludes foreign grants, cl	neck here		30a	1
31	Other program services (describe in Schedule O)					
		ludes foreign grants, cl	neck here		31a	1
32	<u>,                                     </u>					
	Total program service expenses (add lines 28a through				-	-
	Total program service expenses (add lines 28a through	31a)			32	structions for Part IV
	t IV List of Officers, Directors, Trustees, and	31a)		compensated - see t	32	structions for Part IV)
		31a)	ist each one even if not any question in th	compensated - see t nis Part IV	32	structions for Part IV)
Pa	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title	31a)		compensated - see t nis Part IV (d) Health benefits, contributions to employ	32 he in: /ee (e	
Pa	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu	31a)	ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Pa	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title	31a)	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Par C.S Dir	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins	31a)	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Par C.S Din Tec	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title	31a)	ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Par C.S Din Tec Din	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Sector I Granger Sector	31a)	ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Par C.S Din Tec Din Eil	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Sector I Granger	31a)	ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
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Par C.S Din Tec Din Eil Din Upe Din Key	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Sector Granger Sector Leen Connolly-Keesler Sector Shabazz-Phillips Sector Vin Hyde	31a)	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Par C.S Din Tec Din Eil Din Upe Din Key Din	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Sector Granger Sector Leen Connolly-Keesler Sector Sector Sector Shabazz-Phillips Sector Vin Hyde Sector	31a)	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Pa C.S Din Teo Din Eil Din Upe Din Ken Rer	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins rector Granger rector Leen Connolly-Keesler rector ando Shabazz-Phillips rector rin Hyde rector	31a)	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
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C.S Din Tec Din Din Upe Din Key Cha Man	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins rector I Granger rector Leen Connolly-Keesler rector ando Shabazz-Phillips rector rin Hyde rector ha Coughlin hirman regaret Linnane	31a)	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
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Pa C.S Din Tec Din Eil Din Eil Din Key Din Key Din Key Din Em	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Sector I Granger Sector Leen Connolly-Keesler Sector Endo Shabazz-Phillips Sector Vin Hyde Sector I Grangellin Sector Sec	31a)	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
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Pa C.S Din Tec Din Eil Din Upe Din Key Din Ren Cha Man Din Emi	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scotor I Granger Scotor	31a) <b>Key Employees</b> (for exponding to responding to respo	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Pa C.S Din Tec Din Eil Din Upe Din Key Din Ren Cha Man Din Emi	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scotor I Granger Scotor	31a) <b>Key Employees</b> (for exponding to responding to respo	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
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Pa C.S Din Tec Din Eil Din Eil Din Key Din Key Din Key Din Em	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scotor I Granger Scotor	31a) <b>Key Employees</b> (for exponding to responding to respo	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of
Pa C.S Din Tec Din Eil Din Eil Din Key Din Key Din Key Din Em	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scott Jenkins Scotor I Granger Scotor	31a) <b>Key Employees</b> (I         ie O to respond to         (b) Average         hours per week         devoted to position         02.00         02.00         02.00         02.00         02.00         02.00         02.00         02.00         02.00         02.00         02.00         02.00	Ist each one even if not any question in th (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	compensated - see the set of the	32 he in: /ee (e	Estimated amount of

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Form 9	20-EZ (2017) Florida Nonprofit Alliance Inc	E1 E	<b>^</b> ¬	
Part		212	UP	'age <b>3</b>
, i ait				-
•	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	I V	r	┍┶┷
22		<u> </u>	Yes	No
33 .	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	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			Í
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	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			
	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 Q	35b		X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>18.</u> 33		
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	2. 2. 40 1 1 1 1 1 1 1		2 P .
	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	jārti	$\langle 1 \rangle$	
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	· ′		
b	Gross receipts, included on line 9, for public use of club facilities	. '		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	k *	• •	
	section 4911 🕨 , section 4912 🕨 , section 4955 🕨	1.1	**	ľ,
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958	قديل مد م	`* .	Í
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	Pa 224 12 40	1 <i>1</i>	- ~ ~ · ·
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	1		
	on organization managers or disqualified persons during the year under sections 4912,		. % Y	
	4955, and 4958		1. 18	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	3 × 1		
	40c reimbursed by the organization	e .	14. jä	1.32
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1	1 V .	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed <b>FL</b>			
42a	The organization's books are in care of Accounting At All Cost Inc Telephone no (904	156	6-7	149
	Located at > 3115 Spring Glen Rd Ste. 504 Jacksonville, FL ZIP+4 > 3220		• /	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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:	¥.14	C. 😂	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1996 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		
	Financial Accounts (FBAR)	1123.45) 123.3226		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	i	X
~	If "Yes," enter the name of the foreign country:		L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
10	and enter the amount of tax-exempt interest received or accrued during the tax year	•••		
		_	Vac	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	1)-#4 48 #2	Yes	No
TT a			Edilland Ma	
Ь	completed instead of Form 990-EZ.	44a	( <u>5</u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
-		44b		X
ے د	Did the organization receive any payments for indoor tanning services during the year?	44c	<i></i>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
4-	explanation in Schedule O	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u>Sin</u> t
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	<b>R</b> E3		
	Form 990-EZ (see instructions)	145h		i X -

Form 990-EZ (2017)

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							Yes	No
	he organization engage, directly or indirectly							
art VI	ndidates for public office? If "Yes," complet Section 501(c)(3) organization		<u></u>	··	<u> </u>	. 46	<u>x</u>	
	All section 501(c)(3) organizations		is 47-49b and 52, and	complete the t	tables fo	or lines		
	50 and 51							
	Check if the organization used Scho	edule O to respond to	any question in this F	art VI				
							Yes	No
	he organization engage in lobbying activities	• •	-					
	? If "Yes," complete Schedule C, Part II.						X	
-	e organization a school as described in sect						ļ	X
	he organization make any transfers to an ex es," was the related organization a section 5	•	eo organization 7	•••••		. 49a 49b	<u> </u>	-▲
	plete this table for the organization's five hig	-	wees (other than officers.	directors, trustee	s and key	استشقا الم	L	L
	oyees) who each received more than \$100,				-			
		(b) Average	(c) Reportable	(d)Health ben				_
(a	a) Name and title of each employee	hours per week	compensation	contributions to er benefit plans, and		(e) Estimate other com		
		devoted to position	(Forms W -2/1099-MISC)	compensati	on			
		-						
			<b> </b>	{		· · · · · · · · · · · · · · · · · · ·		
<u></u>		-	1	, ,				
			· · · · · · · · · · · · · · · · · · ·					
		-						
			× · · · ·	1		<u> </u>		
			· · · · · ·	1		· · · · ·		
1 Com	I number of other employees paid over \$100 plete this table for the organization's five hig	0,000. ghest compensated indep		ach received more	' e than			
51 Com \$100	plete this table for the organization's five his 0,000 of compensation from the organizatio	0,000 ghest compensated indep m. If there is none, enter '	endent contractors who ex None."					
51 Com \$100	plete this table for the organization's five high	0,000 ghest compensated indep m. If there is none, enter '	endent contractors who e			Compensatio		
51 Com \$100	plete this table for the organization's five his 0,000 of compensation from the organizatio	0,000 ghest compensated indep m. If there is none, enter '	endent contractors who ex None."			Compensatio		
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SCHEDULE A	Pi	ublic Chari	ty Status and	Duhl	ic Sur	nort	OMB No 1545-0047
(Form 990 or 990-EZ)			i01(c)(3) organization or a s		-	-	2017
	Completen meorga		ch to Form 990 or Form		(a)(1) nones	cempt charitable trust.	2017
Department of the Treasury Internal Revenue Service		-	orm990 for instructions a		st informat	ion.	Open to Public Inspection
Name of the organization	<b>.</b>					Employer identification	
Florida Nonr						46-118515	0
			organizations mus				ons
			is: (For lines 1 throug		-	,	CA.
			on of churches descr				$\left  \right\rangle$
			. (Attach Schedule E	•		,,	
			ganization described i onjunction with a hos				
	me, city, and stat		origunation with a nos	pital dest			A)(III). Enter the
			ollege or university ov	vned or c	perated b	ov a governmental	unit described in
	(b)(1)(A)(iv). (Co					, a goronninonal	
			mental unit described	d in secti	ion 170(b	)(1)(A)(v).	
			antial part of its supp				the general public
described in	section 170(b)(1	)(A)(vi). (Comp	lete Part II.)		-		
			)(1)(A)(vi). (Complete				
			d in <b>section 170(b)(1</b>				
	or a non-land-gra	int college of agr	iculture (see instruction	ons). Ent	er the na	me, city, and state	of the college or
university:	<u></u>	(4)			,		
receipts from support from	n activities related n gross investmen	to its exempt fu t income and un	re than 33 1/3% of its nctions-subject to ce related business taxa 75. See <b>section 509</b> (	rtain exce ble incon	eptions, a ne (less s	nd (2) no more tha ection 511 tax) from	ship fees, and gross n 33 1/3% of its n businesses
11 An organiza	tion organized and	d operated exclus	sively to test for public	a)(∠). (C c safetv.	See sect	ion 509(a)(4).	
			ively for the benefit of				rv out the purposes of
			escribed in section 50				
			s the type of supportir				
			supervised, or control				
			egularly appoint or ele	ect a majo	ority of th	e directors or truste	es of the supporting
		-	Sections A and B.				
			d or controlled in coni				
			anization vested in th	ie same p	persons ti	hat control or mana	age the supported
-	• •		, Sections A and C.				1
			ng organization opera s). <b>You must comple</b>				illy integrated with,
			porting organization				rted organization(c)
			zation generally must				
requireme	nt (see instruction:	s). You must co	mplete Part IV, Sect	ions A a	nd D. and	d Part V.	
			written determination				ell. Type III
			onally integrated supp				, , <b>, , p</b> ,
f Enter the num	ber of supported of	organizations .			- 		
g Provide the fo	llowing informatio	n about the supp	orted organization(s)	•			
(i) Name of support	ed organization	(11) EIN	(iii) Type of organization			(v) Amount of monetary	
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					<del></del>		
				Yes	No		
(A)							
				<u> </u>			·
(B)							
			· · · · · · · · · · · · · · · · · · ·				
(C)							
(D)			······································			· · · · · · · · · · · · · · · · · · ·	
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(E)							
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Total		1997 N. 1998 N. 1998		<b>12</b> 1.			<u> </u>

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

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Schedul	e A (Form 990 or 990-EZ) 2017 Florida N	onprofit	Allianc	e Inc		46-118	5150 Page 2
Part		ations Desci	ribed in Sect	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
•	Part III. If the organization fails to						-
Section	on A. Public Support	· · · ·		_		/_	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201/7	(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					í i	
3	The value of services or facilities				/		
3							
	furnished by a governmental unit to the						
	organization without charge				/		
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·		-11 1 1 1 1 1 1		×	
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	line 1 that exceeds 2% of the amount	1					
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	1. S.					
	on B. Total Support		- · ·				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	<b>∕(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		Å	1			
8	Gross income from interest, dividends,		1				
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business		1				
-	activities, whether or not the business						
	is regularly carried on		d d				
10	Other income. Do not include gain or		<u>/</u>	1			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10	X / X / X / X / X		23.2.2		<b>滚</b> "	
12	Gross receipts from related activities, etc	(see instructi		<u>x 2: 4 × 4 %)</u> :		12	
13	First five years. If the Form 990 is for the			third fourth	or fifth tax yoa		501(a)(3)
15	organization, check this box and stop he						
Section	on C. Computation of Public Suppo	rt Percentag	<u></u>	•••••	•••••	<u> </u>	
14	Public support percentage for 2017 (line			11 column (f)	······	14	%
15	Public support percentage from 2016 Sch						%
16a	33 1/3 % support test-2017. If the orgán						
IVa	box and stop here. The organization qua						
b	33 1/3 % support test-2016. If the organ	•	• • • •	•			
D							
170	check this box and stop here. The organ 10%-facts-and-circumstances test-201	-	• •				
17a		-					
	10% or more, and if the organization me						
	Part VI how the organization meets the "fa			•	•		· · –
_	organization						► 📋
b	10%-facts-and-circumstances test-201						
	15 is 10% or more, and if the organizatio						
	Explain in Part VI how the organization m						publicly
	supported organization.						🕨 📋
18	Private foundation. If the organization d						
	instructions	<u></u>	<u> </u>	<u></u> .	. <u></u> .	<u></u> .	<b>)</b>
UYA						nedule A (Form 99	

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#### Schedule A (Form 990 or 990-EZ) 2017 Florida Nonprofit Alliance Inc 46-1185150 Page 3 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 A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 121,331.121,331. 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 52,636. 52,636. 3 Gross receipts from activities that are not an . . unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 173,967.173,967. 6 Total. Add lines 1 through 5 . . . . 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 disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b . . . . . . . . 8 Public support. (Subtract line 7c from 173,967. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 Calendar year (or fiscal year beginning in) (e) 2017 (f) Total 9 Amounts from line 6 173,967.173,967. . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 388 388. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b . . . . . . . . . 388. 388. Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets 13 Total support. (Add lines 9, 10c, 11, and 12.).... 174,355.174,355. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . 15 99.78% 15 . . 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 00.22% 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f).... 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 ..... 18 19a 33 1/3 % support test-2017. If the organization did not check the box on line 14, and line 15 is more than 33<sup>1/3</sup> %, and line line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔀 b 33 1/3 % support test-2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 20

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 Florida Nonprofit Alliance Inc Part IV Supporting Organizations

46-1185150 Page 4

	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part I.	omple	ete	A
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	s ž	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4.5
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	2.3		Ĵ.
	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	\$ .	1	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	-	No.	
	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		2	
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1. 1. M.	
	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		THE RECORD
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<u>71</u>
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		anizani,kow w A
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	N 18.	<u>.</u> 7	17.8
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		20
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		Ĩ. <b>S</b> .S	1.1
	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	w Shadiline	
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	alles elles sirà	e e ulltertorrigende
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	×8;	14 Å.	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,		320	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		ù X	
	was accomplished (such as by amendment to the organizing document).	5a	1896 - wa ana	1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		N.	
	designated in the organization's organizing document?	5b	اليسانية والكافة منداه	and and and
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		10	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	X.	1	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		N. W	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		ia :	
	Part VI.	6	: 6að	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			334
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		8.1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		A. :	S. Z
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	. S	-30	38
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	_	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	L	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		XXXXX	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	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			
	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		844	
	determine whether the organization had excess business holdings.)	10b		

#### Schedule A (Form 990 or 990-EZ) 2017 Florida Nonprofit Alliance Inc Part IV • Supporting Organizations (continued)

#### 11 Has the organization accepted a gift or contribution from any of the following persons?

- .a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- A family member of a person described in (a) above? h

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. C Section B. Type I Supporting Organizations

- 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

## Section C. Type II Supporting Organizations

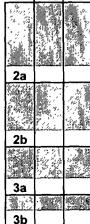
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

## Section D. All Type III Supporting Organizations

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described in (2), did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1
- The organization satisfied the Activities Test. Complete line 2 below а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- L The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- Activities Test. Answer (a) and (b) below. 2
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 that these activities constituted substantially all of its activities.
- b 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard



Yes

Yes No

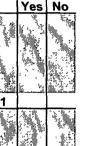
11a

11b

11c

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	No	
e	Yes	
<u>*</u> 1		1



Yes





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## Schedule A (Form 990 or 990-EZ) 2017 Florida Nonprofit Alliance Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	Ī		
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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			14
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	<b>↓</b>	
c Fair market value of other non-exempt-use assets	1 <u>c</u>		
d Total (add lines 1a, 1b, and 1c)	1d		1 AM
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		
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	C MEAS STOL AND	
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	A THE ARE AND A MEDI	
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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2017 Florida Nonprofit Alliance Inc

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	le A (Form 990 or 990-EZ) 2017 Florida Nonprofit		4	6-1185150 Page 7
Part		3) Supporting Orga	nizations (continued	)
Sect	ion D - Distributions			Current Year
<u> </u>	Amounts paid to supported organizations to accomplish	exempt purposes		
ູ 2	Amounts paid to perform activity that directly furthers exercised organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	)		
6	Other distributions (describe in Part VI). See instructions	•		
7	Total annual distributions. Add lines 1 through 6.			· · · · ·
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is re-	sponsive	
9	Distributable amount for 2017 from Section C, line 6			· · · · ·
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	S. S. S. S. C. S. Compt		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instr.			
3	Excess distributions carryover, if any, to 2017:	i strangener		
a	NET THE REPORT OF THE REPORT OF THE			
b	From 2013	\$ 975 MAG 80	kršj – z "∦tošt	
c	From 2014		and the second	
d	From 2015			
е	From 2016	S		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)		N 80 80 80 1	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Sa the constant
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			ANT A AMAGE AND
а	Excess from 2013	1410 1 19 19 19 19		
b	Excess from 2014			
c	Excess from 2015	er hann sin te specifie a le sta		1997 A. S.
d	Excess from 2016		1777 An 2 8 11 1 2 4	
e	Excess from 2017			S. BARANTE AND COM
		•		

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	orm 990 or 990-EZ) 2017 Florida Nonprofit Alliance Inc	46-1185150 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and	11c; Part IV, Section B,
	lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, I 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
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#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

٠	Section 50	1(c)(4), (5),	or (6)	organizations	Complete Part	Ш
Name	of organizati	on				

Flo	orida Nonprofit Alliance Inc	46-1185150	
	t I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see in definition of "political campaign activities")	nstructions for	
2	Political campaign activity expenditures (see instructions)	🕨 💲	0.
3	Volunteer hours for political campaign activities (see instructions).		0
Pa	rt I-B Complete if the organization is exempt under 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	🕨 💲	0.
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		No No
4a	Was a correction made?		🔲 No
b	If "Yes," describe in Part IV		
Pa	rt I-C Complete if the organization is exempt under section 501(c), except	t section 501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$	0.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exem		
	function activities	🕨 💲	0.
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL line 17b.	🕨 💲	0.
4	Did the filing organization file Form 1120-POL for this year?		No No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization		nade
	payments For each organization listed, enter the amount paid from the filing organization's funds Also en	ter the amount of political contributio	ns

received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	<b>(d)</b> Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)			<b>-</b>	
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		

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

Schedule C (Form 990 or 990-EZ) 2017



Employer identification number

Schee	dute C (Form 990 or 990-EZ) 2017 Florida N	onprofit Alliance Inc		185150 Page 2
	t II-A Complete if the organization	is exempt under section 501(c)(3) and file	d Form 5768 (el	ection under
	section 501(h)).			
A (	Check 🕨 🔲 if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group m	ember's name, addres	ss, EIN, expenses,
	and share of excess lobbying expen-	ditures).		
<u>B_(</u>	Check 🕨 🔲 if the filing organization checked box	A and "limited control" provisions apply	ŧ	
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public op	Danion (grass roots lobbying)		<u> </u>
t	Total lobbying expenditures to influence a legisla	tive body (direct lobbying)	10,162.	
c	Total lobbying expenditures (add lines 1a and 1b	)	10,162.	
c	Other exempt purpose expenditures		176,548.	
e	Total exempt purpose expenditures (add lines 1c	and 1d)	<u>18</u> 6,710.	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both columns.	37,342.	
			-	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e	l in the	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		S. M. AZ A
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000.	<u> <u>a</u> ser ser ser ser ser ser ser ser ser ser</u>	
ç	Grassroots nontaxable amount (enter 25% of line	e 1f)	9,336.	
ł	Subtract line 1g from line 1a. If zero or less, ente	r-0		
i	Subtract line 1f from line 1c. If zero or less, enter	·-0	Ĺ	
j	If there is an amount other than zero on either lin	e 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?	<u> </u>	<u> </u>	Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

L	obbying Expenditures	During 4-Year Ave	raging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) Total
2a Lobbying nontaxable amount				37,342.	37,342
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					56,013
c Total lobbying expenditures				10,162.	10,162
d Grassroots nontaxable amount				9,336.	9,336
e Grassroots ceiling amount (150% of line 2d, column (e))					14,004
f Grassroots lobbying expenditures					

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Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(	a)	_(b)
	ription 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			and a second state of the
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?			
е	Publications, or published or broadcast statements?	L		
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?			
í	Other activities?		201 M 210 100 P	
j	Total Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		×.	
b	If "Yes," enter the amount of any tax incurred under section 4912	1	ž z	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		200	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5), 	or sec	
				Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C	)K (b	) Part	III-A, line 3,
	answered "Yes."			<u> </u>
1	Dues, assessments and similar amounts from members	-	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses			
	for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
			2c ]	
с 3	Total       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	

Taxable amount of lobbying and political expenditures (see instructions). Part IV Supplemental Information

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

organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .

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SCHEDULE O
(Form 990 or 990-F7

# 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.

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

OMB No 1545-0047 2017 Open to Public Inspection

Employer identification number

46-1185150

Internal Revenue Service Name of the organization

Florida Nonprofit Alliance Inc

Department of the Treasury

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

Name of the organization	Employer identification number
Florida Nonprofit Alliance Inc	46-1185150
Part I Line 16	
Advertising and promotion \$1520.00	
Information technology \$7509.00	
Part I Line 16	
<b>Fravel</b> \$5118.00	
Part I Line 16	
Conferences, conventions, and meetings \$551.00	
Part I Line 16	
Insurance \$1466.00	
Part I Line 16 Economic Impact Consultation \$41710.00	
Part I Line 16	· · · · · · · · · · · · · · · · · · ·
Economic Impact Printing \$1448.00	
Part II Line 26	
Accounts payable and accrued expenses. Beginnin	ng:\$0.00 Ending: \$3408.00
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