(...990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2018 calendar year, or tax year beginning 01/01/2018, and ending 12/31/2018C Name of organization B Check if applicable D Employer identification number Address change Florida NonProfit Alliance Inc 46-1185150 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 40 East Adams Street 229 (407)694-5213City or town, state or province, country, and ZIP or foreign postal code F 'Group Exemption Final return/terminated Amended return Number <u>Jacksonville, FL 32202</u> Application pending X Accrual Other (specify)▶ Cash H Check ▶ ☐ if the organization is not G Accounting Method required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ((insert no) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) K Form of organization: **X** Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 132,010. -Part-I--Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . 1 2 2 15,000 Program service revenue including government fees and contracts 3 3 Membership dues and assessments`...'... 23,644 Investment income. . 4 4 199 **5 a** Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses . c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than **b** Gross income from fundraising events (not including \$ of contributions Š from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). Less direct expenses from gaming and fundraising events . . d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . 6d 7 a Gross sales of inventory, less returns and allowances 7<u>a</u> 7b Less cost of goods sold . . c Gross profit or (loss) from sales of inventory (Subtract line 7b from-line 7c 8 Other revenue (describe in Schedule O) . . . 8 1,990 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 132,010 10 Grants and similar amounts paid (list in Schedule O). . . . 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 86,861. 12 12 26,472. 13 Professional fees and other payments to independent contractors 13 2,891. 14 Occupancy, rent, utilities, and maintenance . . . 14 1,728. 15 Printing, publications, postage, and shipping . . . 15 16 Other expenses (describe in Schedule O) 16 17,544. 135,496. Total expenses. Add lines 10 through 16. 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -3,486.Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 11,518. Net 20 20 Other changes in net assets or fund balances (explain in Schedule O). . . 8,032. Nél'assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2018)

TOTAL	Florida NonProfit All			46-	. T T 6	35150 Page 2
, Pa				16: D. (1)		
	Check if the organization used Schedu	ile O to respond to	any question in			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			14,926.		11,071.
23	Land and buildings			0.	23	<u>0.</u>
24	Other assets (describe in Schedule O)			0.	24	0.
25	Total assets			14,926.		11,071.
26	Total liabilities (describe in Schedule O)			3,408.		2,415.
27	Net assets or fund balances (line 27 of column (B) m			11,518.	27	<u>8,656.</u>
_Pa	t III Statement of Program Service Acco				ļ .	
	Check if the organization used Schedu				/ , ,	Expenses
	is the organization's primary exempt purpose? See Org					quired for section c)(3) and 501(c)(4)
	ribe the organization's program service accomplis				orga	nizations, optional for
	easured by expenses. In a clear and concise man		vices provided, the	e number of	othe	rs)
	ons benefited, and other relevant information for e	ach program title.	<u> </u>		Щ.	
28						
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	▶□	28a	
29						
					l	į
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	<u></u> ▶□	29a	
30						
					1	
						1
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	<u>•</u> 🗖	30a	
31	Other program services (describe in Schedule O)				i	
		cludes foreign grants, ch	neck here	<u></u> .▶ 🔲	31a	
	Total program service expenses (add lines 28a through			<u></u> _	32	<u></u>
Pai	List of Officers, Directors, Trustees, and				he ins	tructions for Part IV
	Check if the organization used Schedu	ile O to respond to				
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to emplo	æe ω	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS	benefit plans, and	ا ه	ther compensation
		devoted to position	(if not paid, enter -0-	deferred compensati	on	
	Granger	_				
	rector					
	een Keesler					
	rector	02.00			-	
	endo Shabazz-Phillips				Į	
_	nirman	02.00				
	na Coughlin					
	rector, Treasurer	05.00		 		
	garet Linnane					
	ector, Chairman, Secr	02.00			+	
	.ly Benham					
<u>D1</u> 1	rector	02.00			-	
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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 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 34 X 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 If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 36 during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X b If "Yes." complete Schedule L. Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter а 39a 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-, section 4912 ▶ ______ ; section 4955 ▶ section 4911 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? If "Yes," complete Form 8886-T . . . X 41 List the states with which a copy of this return is filed **FL** Telephone no. (904) 566-7149 42a The organization's books are in care of PAccounting At All Cost Inc Located at ▶ 3115 Spring Glen Rd Ste. 504 Jacksonville, FL 32207 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No 42b a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42c X At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a completed instead of Form 990-EZ X Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be b 44b X completed instead of Form 990-EZ 44c С Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ See instructions.

Form 990-EZ (2018)

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SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

		da NonProfit Alli					<u>46-1185150</u>	
	<u>rt l</u>							ons.
	_	anization is not a private founda		•		-	•	\sim
1								
2								
3	=	A hospital or a cooperative hos						
4	Ш	A medical research organization	-	onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A))(iii). Enter the
_	_	hospital's name, city, and state		11 24 24				
5		An organization operated for the		ollege or university ow	vnea or o	perated b	y a governmental u	nit described in
_	_	section 170(b)(1)(A)(iv). (Con						
	=	A federal, state, or local govern	_			•		
7	Ш	An organization that normally			ort from a	a governr	nental unit or from t	he general public
_		described in section 170(b)(1)			5			
_		A community trust described in						
9	Ш	An agricultural research organ						
		or university or a non-land-gra-	nt college of agr	iculture (see instruction	ons) Ent	er the nai	me, city, and state o	f the college or
40		university:		11 00 4/00/ - 5 4				
10	X	An organization that normally receipts from activities related	receives: (1) mo to its exempt fui	re than 33 1/3% of its nctions-subject to cer	support tain exce	rrom con	tributions, members nd (2) no more than	hip fees, and gross 33 1/3% of its
		support from gross investment	income and uni	related business taxal	ble incom	ie (less s	ection 511 tax) from	businesses
		acquired by the organization a						
11	=	An organization organized and	•	•	•			
12		An organization organized and	•	-			•	• •
		one or more publicly supported the box in lines 12a through 12	•					
_		<u> </u>		• • • • • • • • • • • • • • • • • • • •			•	_
а	' L	Type I. A supporting organiz the supported organization(s	•	•	-			
		organization. You must con	•	• • • •	cca majo	ority of the	e directors or trustee	es or the supporting
		-	•		nection w	uth its sur	anorted organization	v(c) by baying
t	L	control or management of the						
		organization(s). You must co			ic same p	/C130113 ti	iat control of manag	ge the supported
c	: Г	-	-		ted in co	nnection	with and functional	v integrated with
•	, _L	its supported organization(s)		• •				y integrated with,
	1 F		,	-				ted organization(s)
	• ∟	that is not functionally integra	•					- ' '
		requirement (see instructions						
e	, r	Check this box if the organization						II. Type III
_		functionally integrated, or Ty						, .,,,,
f	E	inter the number of supported of	='					
ç		Provide the following information						<u> </u>
		Name of supported organization	(II) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you	ur governing ment?		other support (see
				above (see instructions))	1 0000	illent.	instructions)	instructions)
					Yes	No	_	
—_ А)								
~ <i>,</i> —					l	l		
 В)								
<u>-</u> ,						<u> </u>		
C)			_					
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Schedule A (Form 990 or 990-EZ) 2018 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		<u> </u>			-	
	received (Do not include any "unusual grants")			107,031.	121.331.	101.177.	329,539.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1	1	•		
	furnished in any activity that is related to the organization's tax-exempt purpose			8,620.	52,636.	30,833.	92,089.
3	Gross receipts from activities that are not an			0,020.	32,030.	30,033.	32,003.
3	unrelated trade or business under section 513						
4	Tax revenues levied for the			 	_		
4							
	organization's benefit and either paid						Ì
_	to or expended on its behalf						
5	The value of services or facilities				·		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			<u>115,651.</u>	<u>173,967.</u>	<u>132,010.</u>	421,628.
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		ĺ	ľ	j	1	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	•					
8	Public support. (Subtract line 7c from						1
_	line 6.)	٠ - ٢٠٠٠ ،	1 1/2 2000	ď	J 2-	^, 1 %n	421,628.
Secti	on B. Total Support				1		TELL, CLC.
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	(6)2013				421,628.
-			-	113,651.	113,961.	132,010.	421,628.
10a	Gross income from interest, dividends,				1		
	payments received on securities loans, rents,			01.	200	000	005
_	royalties, and income from similar sources			217.	388.	200.	805.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		,				
	acquired after June 30, 1975		<u> </u>				
С	Add lines 10a and 10b			217.	388.	200.	805.
11	Net income from unrelated business						
	activities not included in line 10b, whether		Ì	1	1		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)]	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1	115,868.	174,355.	132,210.	422,433.
14	First five years. If the Form 990 is for the	organization	's first, second				
• •	organization, check this box and stop her	•					▶ □
Secti	on C. Computation of Public Suppo				·-		<u> </u>
15	Public support percentage for 2018 (li			hy line 13 cc	lumn (f))	15	99.81%
16	Public support percentage for 2017					16	99.81%
	on D. Computation of Investment In-			15		1101	99.01%
	Investment income percentage for 2018			d by line 13 co	olumn (f))	17	00 10%
17 10	· · · · · · · · · · · · · · · · · · ·				71411111 (1 <i>))</i>	——	00.19%
18	Investment income percentage from 201					. 18	00.19%
19a	33 1/3 % support test-2018. If the organ						
	line 17 is not more than 331/3%, check this						
b	33 1/3 % support test-2017. If the organiz						
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	1, 19a, or 19b,	check this box	and see instr	uctions 🕨 🔲

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			1 1
	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	<u> </u>		
_	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			
Ja	(b) and (c) below	3a		
.		Зa		
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		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<u>-</u>
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		<u> </u>
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		
C	Did the organization support any foreign supported organization that does not have an IRS determination			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		.
	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;		4/	. 1
	(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		
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			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		,	1
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			9
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
0-		-		
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	<u> </u>		
	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	<u>~-</u>		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		ļ.,
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		ļ.,
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		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	}	l

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) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting 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			
	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	-	_	1
_	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	<u> </u>	<u></u>	
	the supported organization(s)	1	L	
Secti	on 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		Yes	No
'	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	一		
_	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)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
	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 in	nstrud	ctions	;)
а	The organization satisfied the Activities Test. Complete line 2 below			
þ	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	nstru	ctions
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			
	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.	<u> </u>	<u> </u>	
L	·	2a		
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 2 if "Vos." explain in Part VI the]
	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.			لــــــا
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		1
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			.
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		_	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI)
See instructions. All other Type III non-functionally integrated supporting or	rgar	nizations must complete S	ections 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 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):	-		
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		
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-functionall instructions).	y in	tegrated Type III supporti	ng organization (see

B Breakdown of line 7

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

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

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•	Section 501(c) (other than sec	tion 501(c)(3)) organizations Complet	te Parts I-A and C below	Do not comp	plete Part I-B		
•	Section 527 organizations Co	•					
If the	=	s," on Form 990, Part IV, line 4, or F			-		
•		s that have filed Form 5768 (election u					
• •	· · · · · · · · · · · · · · · · · · ·	s that have NOT filed Form 5768 (elects;" on Form 990, Part IV, line 5 (Pro	-			•	
	e organization answered Test (see separate instructions), t	•	ty Tax) (see separate	instructions)	or Form 990-E	Z, Part V, line 350	(Proxy
iax)	• •	rganizations Complete Part III					
Name	e of organization	iganizations complete i are in			Employer identi	ification number	
Flo	orida NonProfit	Alliance Inc			46-1185	5150	
		ne organization is exempt u	nder section 501	(c) or is a	section 527	organization.	
1	Provide a description of the ordefinition of "political campaign	ganization's direct and indirect political nactivities")	campaign activities in F	Part IV (see in	structions for		
2	Political campaign activity expe	enditures (see instructions)				\$	0.
3		impaign activities (see instructions)	<u></u>	<u> </u>			0
Pa	TEB Complete if the	ne organization is exempt u	nder section 501	(c)(3).			
1	•	e tax incurred by the organization unde				\$	0.
2		e tax incurred by organization manager			▶	\$	<u> </u>
3	-	ection 4955 tax, did it file Form 4720 f				∐ Yes	∐ No
		·				∐ Yes	∐ No
	If "Yes," describe in Part IV. t I-C Complete if the	ne organization is exempt u	nder section 501	(c) except	eaction 50	1(c)(3)	
1		ended by the filing organization for sect				\$	0.
2	- · · · · · · · · · · · · · · · · · · ·	organization's funds contributed to other				Ψ	<u> </u>
-	function activities	-			▶ :	\$	0.
3		tures Add lines 1 and 2. Enter here ar			🕨	\$ \$	0.
4	Did the filing organization file I					Tes	☐ No
5	Enter the names, addresses a	nd employer identification number (EII	N) of all section 527 poli	tical organizat	ions to which the	e filing organization	made
	payments For each organizati	on listed, enter the amount paid from t	he filing organization's f	unds. Also en	ter the amount o	of political contribute	ons
	received that were promptly ar	nd directly delivered to a separate politi-	cal organization, such a	s a separate s	egregated fund	or a political action	
	committee (PAC). If additional	space is needed, provide information	ın Part IV				
				 		T	
	(a) Name	(b) Address	(c) EIN	filing	unt paid from organization's f none, enter -0-	(e) Amount of p contributions rec promptly and delivered to a s political organizati enter -0	erved and directly separate on If none,
(1)	<u> </u>		_	 			
(2)							
(3)				+	***	 	
(4)							
(5)	-						
(6)						———	

Sched	ule C (Form 990 or 990-EZ) 2018 Florida	NonProfit	Alliance	Inc	46-11	L 85150 Page 2
	II-A Complete if the organizatio	n is exempt u	nder section 5	01(c)(3) and file	d Form 5768 (ele	ection under
	section 501(h)).					
A C	heck 🕨 🔲 if the filing organization belongs to	an affiliated group	(and list in Part IV e	ach affiliated group m	nember's name, address	s, EIN, expenses,
	and share of excess lobbying expe	enditures)				
ВС	heck if the filing organization checked b	ox A and "limited c	ontrol" provisions ap	ply	•	
	Limits on Lobi	ying Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass root	s lobbying)			
b	Total lobbying expenditures to influence a legis	10,000.				
c	Total lobbying expenditures (add lines 1a and 1	b)			10,000.	
d	Other exempt purpose expenditures				125,496.	
e	Total exempt purpose expenditures (add lines	lc and 1d)			135,496.	
f-	 Lobbying nontaxable amount - Enter the amoun 	from the following	table in both column	ns	25,000-	
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the amo				
	Over \$500,000 but not over \$1,000,000		15% of the excess o			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess over	1		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of la	ne 1f)		6,250.		
h	Subtract line 1g from line 1a If zero or less, en	ter -0				
i	Subtract line 1f from line 1c If zero or less, en				_	
j	If there is an amount other than zero on either I	ne 1h or line 1i, di	d the organization file	e Form 4720	tı	
	reporting section 4911 tax for this year?		<u> </u>			Yes No
			Period Under Sect	• •		
	(Some organizations that made a	section 501(h) ele	ection do not have	to complete all of the	ne five columns below	v .
	See	he separate instr	uctions for lines 2	a through 2f.)		
	Lobby	ing Expenditures	During 4-Year Ave	eraging Period	т т	
		(-) 0045	(h) 0040	4-1-0047	1-1) 0040	6-3 T-4-1
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in/		1		 '	
	2a Lobbying nontaxable amount			27 242	25 000	62 242
	b Lobbying ceiling amount			37,342	25,000.	62,342.
	(150% of line 2a, column (e))					02 512
		··· · · · · · · · · · · · · · · · · ·			 	93,513.
	c Total lobbying expenditures			10,162	10,000.	20,162.
			-	10,162	10,000	20,102.
	d Grassroots nontaxable amount			9,336	6,250.	15,586.
	e Grassroots ceiling amount				0,230.	10,000.
	(150% of line 2d, column (e))	ú		Α,		23,379.
	(10070 01 mio 20, column (e))			· · · · · · · · · · · · · · · · · · ·	 	23,313.

f Grassroots lobbying expenditures

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b)
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tions);
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Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 Florida NonProfit Alliance Inc Part IV Supplemental Information (continued)	46-1185150 Page 4
Part IV Supplemental Information (continued)	
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JYA	Schedule C (Form 990 or 990-EZ) 201
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open-to-Public— Inspection

Employer identification number

Florida NonProfit Alliance Inc	46-1185150
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