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**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)

**2013**

**Open to Public Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization TouchPoint Alliance, Inc.		<b>D</b> Employer identification number 27-0349858
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 520 Palm Coast Parkway SW 201		<b>E</b> Telephone number 386-283-5906
	City or town, state or province, country, and ZIP or foreign postal code Palm Coast, FL 32137		<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

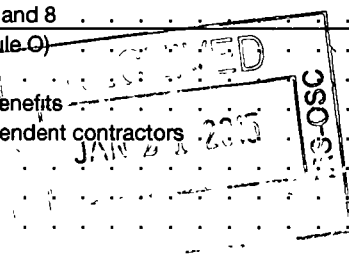
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 88,822.00

**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 . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																													25,000.00		
	2	Program service revenue including government fees and contracts . . . . .																															
	3	Membership dues and assessments . . . . .																														40,000.00	
	4	Investment income . . . . .																															
	5a	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) . . . . .																															0
	6	Gaming and fundraising events																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																															
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																																
c	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 line 6c) . . . . .																															0	
7a	Gross sales of inventory, less returns and allowances . . . . .																																
b	Less: cost of goods sold . . . . .																																
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																																0
8	Other revenue (describe in Schedule O) . . . . .																																23,822.00
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																															88,822.00	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																														0	
	11	Benefits paid to or for members . . . . .																														0	
	12	Salaries, other compensation, and employee benefits . . . . .																															21,143.00
	13	Professional fees and other payments to independent contractors . . . . .																															59,552.00
	14	Occupancy, rent, utilities, and maintenance . . . . .																															25,064.00
	15	Printing, publications, postage, and shipping . . . . .																															10,646.00
	16	Other expenses (describe in Schedule O) . . . . .																															28,419.00
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																															144,824.00	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																														(56,002.00)	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																														(90,263.00)	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																														3261.00	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶																														(143,004.00)	

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Part V 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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, unrelated business gross income, political expenditures, loans, and controlled entities. Includes fields for amounts and yes/no responses.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

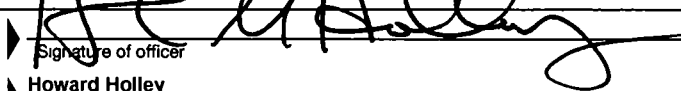
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date 1/12/15
	Howard Holley	Type or print name and title

<b>Paid Preparer Use Only</b>	Pnnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open To Public Inspection**

Name of the organization

Employer identification number

TouchPoint Alliance, Inc.

27-0349858

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1) Howard Holley	Officer			Cash Flow	✓		5000.00	5000.00	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>							\$ 5000.00						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

TouchPoint Alliance, Inc

Employer identification number

27-0349858

Line 8 Other revenue: Sublease of Office Space

Line 16 Other Expenses: Office Administration \$12,306; dues and subscriptions \$1,450; Office Supplies \$2,648; Interest Expense \$1,652;

Meetings & Travel \$10,363

Line 20 Other Change in Net Assets: Prior Period Adjustment to opening balance of Net Assets: \$3,261

Line 24 Other Assets: Accounts Receivable: \$42,010; Furniture and Equipment \$2,201

Line 25 Total Liabilities: Accounts Payable and Accrued Expenses: \$87,581; Unsecured Notes Payable: \$55,500; Ameris Bank Loan: \$44,999

**PART III Organization's Mission or Most Significant Activities: Dedicated to improving the condition of the Enterprise Marketing**

**Communications and Services Industry by (1) facilitating the sharing of information between industry participants and affiliations and**

**(2) promoting the industry to the boarder marketplace.**

Line 28/Line 33: Service Accomplishments: Higher Education Program Targeted informational mailing to 2000 Higher Education Institutions

on Communication Industry best practices, TPA Member attendance at 3 relevant conferences; 4 meetings with Higher Ed Institutions

