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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

▶ 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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NORTH CENTRAL FLORIDA APARTMENT ASSOCIATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite

PO BOX 140926

City or town, state or province, country, and ZIP or foreign postal code

GAINESVILLE, FL 326140926

D Employer identification number

59-2855492

E Telephone number

(352) 333-0333

F 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: ▶ WWW.NCFAA.NET

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. ▶ \$ 162,209

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 ☒		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 99,661
	3 Membership dues and assessments	3 57,311
	4 Investment income	4 3
	5a Gross amount from sale of assets other than inventory	5c
	5b Less cost or other basis and sales expenses	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	6d
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b 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)	
Expenses	6c Less direct expenses from gaming and fundraising events	
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a Gross sales of inventory, less returns and allowances	7c
	7b Less cost of goods sold	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	8 5,234
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 162,209
	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11 17,719
	12 Salaries, other compensation, and employee benefits	12 59,779
Net Assets	13 Professional fees and other payments to independent contractors	13 21,390
	14 Occupancy, rent, utilities, and maintenance	14 13,212
	15 Printing, publications, postage, and shipping	15 1,341
	16 Other expenses (describe in Schedule O)	16 50,009
	17 Total expenses. Add lines 10 through 16	17 163,450
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,241
	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)	19 34,041
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -3,535
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 29,265

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	36,115	22	31,086
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	655	24	0
25 Total assets	36,770	25	31,086
26 Total liabilities (describe in Schedule O)	2,729	26	1,821
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,041	27	29,265

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose?
EDUCATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29
(Grants \$) If this amount includes foreign grants, check here

29a

30
(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHERYL COOKE PAST PRESIDENT	5 00	0	0	0
MARK WILKE PRESIDENT	5 00	0	0	0
FERNANDO SANCHEZ DIRECTOR	5 00	0	0	0
PETE ZIMEK DIRECTOR	5 00	0	0	0
STEPHANIE BEATTY TREASURER	5 00	0	0	0
RENNIE THOMAS DIRECTOR	5 00	0	0	0
PATRICK CARBERY DIRECTOR	5 00	0	0	0
DENISE SNYDER DIRECTOR	5 00	0	0	0
ROBERT CARROLL ASSOCIATE EXECUTIVE	40 00	53,792	0	0
LIBBY BRIDGES VICE PRESIDENT	5 00	0	0	0
MARGO TOMLINSON SECRETARY	5 00	0	0	0
JEREMY TOMLINSON DIRECTOR	5 00	0	0	0

Part VOther 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	No
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 change on Schedule O (see instructions)	34	No
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	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	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	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 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	
c	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, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ STEPHANIE BEATTY Telephone no ▶ (352) 333-0333 Located at ▶ PO BOX 140926 GAINESVILLE, FL ZIP + 4 ▶ 32614		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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 ▶	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

		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		No

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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 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.

Sign Here	***** Signature of officer		2016-11-15 Date				
	OFFICER OFFICER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name JOHN VANDUZER		Preparer's signature		Date 2016-11-15	Check ☐ if self-employed	PTIN P01453696
	Firm's name ▶ JAMES MOORE & CO PL					Firm's EIN ▶ 59-3204548	
	Firm's address ▶ 5931 NW 1ST PLACE GAINESVILLE, FL 326072063					Phone no (352) 378-1331	
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No							

Additional Data

Software ID:
Software Version:
EIN: 59-2855492
Name: NORTH CENTRAL FLORIDA APARTMENT
ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)

28

TO SERVE AND SUPPORT THE PROFESSIONAL OWNERS, MANAGERS, AND PROVIDERS OF MULTI-FAMILY HOUSING THROUGH GOVERNMENT ADVOCACY, EDUCATION, AND SERVICE TO NORTH CENTRAL FLORIDA AREA

(Grants \$ 0)

If this amount includes foreign grants, check here . . . ☐

28a

0

2015

Open to Public Inspection

**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.

Name of the organization
NORTH CENTRAL FLORIDA APARTMENT
ASSOCIATION INC

Employer identification number

59-2855492

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 3
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME-EZ AMOUNT 5,234

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 44 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 3,801 DESCRIPTION CHARITABLE CONTRIBUTIONS AMOUNT 4,502 DESCRIPTION CONFERENCE REGISTRATION FEES AMOUNT 210 DESCRIPTION MEALS & ENTERTAINMENT AMOUNT 19,198 DESCRIPTION OFFICE EXPENSES AMOUNT 4,581 DESCRIPTION TAXES & LICENSES AMOUNT 5,730 DESCRIPTION TRAVEL AMOUNT 3,199 DESCRIPTION INSURANCE AMOUNT 575 DESCRIPTION EVENTS & CLASSES AMOUNT 6,426 DESCRIPTION ADVERTISING AMOUNT 1,390 DESCRIPTION BAD DEBTS AMOUNT 353 TOTAL TO FORM 990-EZ, LINE 16 50,009
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -3,535

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION UNDEPOSITED FUNDS BEG OF YEAR AMOUNT 655 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION APAC BEG OF YEAR AMOUNT 1,691 END OF YEAR AMOUNT 756 DESCRIPTION TAXE S PAYABLE BEG OF YEAR AMOUNT 1,038 END OF YEAR AMOUNT 922 DESCRIPTION OPPENHEIMER FUNDS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 143