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May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

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.

Open to Public

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990

A		2016 colondar year as they year beginning.			IIISPECTION
_		2016 calendar year, or tax year beginning January 1 , 2016, and end	ing Dec	ember 31	, 20 16
В		applicable: C Name of organization Florida Alliance for Civic Engagement, Inc.		D Employe	er identification number
님	Address				46-4874864
닏	Name cl	nange Number and street (or P O. box if mail is not delivered to street address) Room/	suite	E Telephon	ne number
\sqcup	Initial ref				
Ц	Final retu				
	Amende	G Gross re	cerpts \$ 1,032,000		
	Applicat	on pending F Name and address of principal officer Carlos Odio	H(a) Is this	a group return for s	subordinates? 🗌 Yes 🗹 No
		1713 Mahan Drive; Tallahassee, FL 32308	H(b) Are	all subordinates	included? Ves No
1_	Tax-exe	mpt status	If	"No," attach a	list (see instructions)
<u>J</u>	Website	y: ▶	H(c) Gro	up exemption i	number ►
K	Form of	organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	ation 20	M State	of legal domicile FL
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: Impre	oving comm	unication, st	trategic planning and
8		sharing of tools among 501(c)(3) organizations working to further civic participatio	n; improvin	the ability o	of 501(c)(3)
БĒ	1	organizations to communicate effectively about civic issues; increasing resources			
Jeп	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more th	an 25% of i	ts net assets.
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
∘ŏ	4	Number of independent voting members of the governing body (Part VI, line 1)	o)	. 4	4
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	0
Activities & Governance	6	Total number of volunteers (estimate if necessary)		. 6	0
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior	Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		110,000	1,032,000
Ž	9	Program service revenue (Part VIII, line 2g)		1,10,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Revenue	10	Investment income (Part VIIII column (A), lines 3, 4, and 7d)			
ď	11	Other revenue (Part-VIII; column (A), Jines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue – add lines 8 through 17/must equal Part VIII, column (A), line 12)		110,000	1,032,000
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 	50,000	996,750
	14	Benefits paid to or for members (PartitX, column (A), line 4)		00,000	030,700
£A.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		48,000	48,000
Expenses	16a	Professional funditaising tees (Part IX, column (A), line 11e)		40,000	40,000
ž	ь	Total fundrousing expenses (Part IV, column (D) line 25)	7.4.6	. 22.5	
Ä	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	No. 8 Salv. A Ph. S. Chinaser	18,001	11,903
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		116,001	1,056,653
	19	Revenue less expenses. Subtract line 18 from line 12		-6,001	-24,653
- S	+	- response researches and researches and researches res	Beginning of	Current Year	End of Year
ets or	20	Total assets (Part X, line 16)		36,513	11,860
Net Asse Fund Bala	21	Total liabilities (Part X, line 26)		23,010	11,000
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		36,513	11,860
	art II	Signature Block	<u> </u>	00,0101	11,000
_		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and t	o the best of m	v knowledge and helief it is
		t, and complete Declaration of preparer (other than officer) is based on all information of which prepared			iy kilowicago ana belici, kilo
		· · · · · · · · · · · · · · · · · · ·		-	-11012-12
Sig	าก	Signature of officer		Date	113/2014
He	-	CARLOS ODIO, EXECUTIVO	_	CON	
		Type or print name and title	, VILE	170,0	
_		<u> </u>	Date		- PTIN
Pa			-410	Check C	J f
	epare			self-emp	ioyeu
He	e On	V Firm's name ▶		irm's EIN ▶	

 ζ

Yes No No Form **990** (2016)

Cat. No 11282Y

	00 (2016)	ant of December County	00 A00mmlick	_ ·	Page
Part		ent of Program Service		- Dord III	_
1		t Schedule O contains be the organization's mis		s Part III	<u> L</u>
•	-	-		-\(\(\alpha\)	
				c)(3) organizations working to further civ ffectively about civic issues; increasing	
-			to ensure every eligible American votes		resources for
2	Did the organ	uzation undertake anv s	ignificant program services during the	vear which were not listed on the	
	prior Form 99	0 or 990-EZ?			Yes ☑ No
		ribe these new services			
3			ting, or make significant changes i		
]Yes ☑ No
_		ribe these changes on S			
4	Describe the	organization's program	service accomplishments for each of	its three largest program services, a	s measured b
			(c)(4) organizations are required to reply, for each program service reported.	port the amount of grants and allocat	tions to other
4a	(Code:) (Expenses \$	996,750 including grants of \$	996,750) (Revenue \$)
	Florida Alliano			voter registration and civic engagemen	t efforts.
					••••••
		•		•••••	
45	(0 - 4	\ /F			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

	*				

				·	
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
					
	••••				
					
4d	Other program	m services (Describe in S	Schedule O.) g grants of \$) (Reven	ue \$ \	

996,750

Form 9	90 (2016)			Page \$
Part	IV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	-	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. 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	4	,	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

Form 99	00 (2016)		,	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other_assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	- -	-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30_		~
	Part I	31		•
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		v
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	v	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	,, ·	,',	~
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		· ·	, -]
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	reportable gaming (gambling) winnings to prize winners?	1c	5 1	<u> </u>
La		~ · · · · · ·		
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	لاحكاف	3,4846
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	() . s.	***
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	distribute.	التونيدة ا
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	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)?	4a		~
b	If "Yes," enter the name of the foreign country. ▶			4 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	e-		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	0.5	***, S	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	A23 - 2000 (00)	√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			5.1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	¥, * ,	1 2
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.		. 4.12.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	212.17	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	٠ź٠,		- 3
а	Initiation fees and capital contributions included on Part VIII, line 12	~ ,	i.,	<i>"</i>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	*	- '	3,4
11	Section 501(c)(12) organizations. Enter:	·		
а	Gross income from members or shareholders	•		1
þ	Gross income from other sources (Do not net amounts due or paid to other sources	,		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		,	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Form	1 990	(2016)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instr	ructio	
Secti	Check if Schedule O contains a response or note to any line in this Part VI		<u>· · ·</u>	<u> </u>
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		V V V
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	-	<u>, </u>
a	the year by the following: The governing body?	8a		
ь 9	Each committee with authority to act on behalf of the governing body?	8b	7	ر ر
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven			
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No V
11a b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>			· 13
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	7
a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15a 15b		✓ ✓
16a	with a taxable entity during the year?	16a		<u>/</u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)	(3)s (only)
19	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest po	olicy,	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Tara Geise: 1713 Mahan Drive; Tallahassee, FL 32308; 505-603-9405	cords: ▶	>	

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orm	990	(2016)	

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		. ago e
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
	Independent Contractors	•

Check if Schedule O contains a response or note to any line in this Part VII	 			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, directo	r, or trustee
· (A) Name and Trtle	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	rson irect	e than o	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Carlos Odio	25									
Executive Director				~				48,000		
(2) Lisa Versaci	1]								
Treasurer/Director		~		~				0	0	0
(3) Carla E. Meyer	11									
Director		~						0	0	
(4) Francene Rodgers	11									
Director		~						0	0	
(5) Christopher Findlater	11									
Secretary/Director		~		~				0	0	0
(6)										
(7)										
(8)										
(9)									·	
(10)										
(11)										
(12)										
(13)					_					
(14)									-	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
			1		•	C)					
	(A)	(B)	Position (do not check more than or				than o	one	(D)	(E)	(F)
	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation fr	Estimated of
_		week (list any			_			-	from	related	other
		hours for related	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS	
		organizations	ecto	tior	¥	籄	yee yee	₽	(W-2/1099-MISC)		organization
		below dotted line)	1 \$ =	nal ti		oye					and related organizations
			寶	ust.		"	ens	1			organizations
				8		1	ated				
(15)							-				
(16)											
(17)								-	 		
(18)		_									
(19)											
(20)		ļ									
(21)											
(22)			_								
(23)							-				
(0.4)		 -			<u> </u>	_		├	 		_
(24)		 	i								
(25)					_			┢	 	,·	
32.07		†				1			l		
1b	Sub-total		<u> </u>	<u> </u>		١.			48,000		_
c	Total from continuation sheets to Part	VII, Sectio	n A					▶			
d	Total (add lines 1b and 1c)								48,000		
2	Total number of individuals (including burreportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$100),000 of
											Yes No
3	Did the organization list any former of							emp	loyee, or high	est compens	sated Sated
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ındı	vidi	ıal			· · · · ·	. 3 /
4	For any individual listed on line 1a, is the										
	organization and related organizations	_							complete Sch	edule J for	such <u>* Section Sectio</u>
_	ındividual									· · · · ·	4 🗸
5	Did any person listed on line 1a receive of										antimate and an investment of the microstate is
Caret	for services rendered to the organization	: 11 T U S, C	Jiiipi	- C	SUL	eul	iie J T	UI S	such person	· · · · ·	5 /
	on B. Independent Contractors Complete this table for your five highest		od inc	done	d				are that receive	d mare than	\$100,000 of
1	compensation from the organization. Repyear.										
	(A)	 .			•		_		(B)		(C)
	Name and business add	ress	-		_			<u> </u>	Description of s	ervices	Compensation
None											
							_	├			
							-	-			
								├			
	Total number of independent contractor	rs (includir	na bi	ıt n	ot !	ımıt	ed to	 th	ose listed abo	ove) who	ر د در دروره وی در درورد
-	received more than \$100,000 of compens								Ose listed abo	,	
				<u></u>				_			Form 990 (2016)

Par	VIII	Statement of Reve						
	<u>.</u>	Check if Schedule C) contains a res	ponse or note t				<u> </u>
1	I,				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
15.14x	10 m	and the state of t				exempt function revenue	business revenue	excluded from tax under sections
रु रु	1a	Federated campaigns	s 1a			revenue	<u> </u>	512-514
Grants nounts	ь		1b					
e Š	С	Fundraising events .		· · ·				
Gifts, ilar Ar	d	Related organizations						
i, C	е	Government grants (con						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g						
the E		and similar amounts not inc	cluded above 1f	1,032,000				
E O	g	Noncash contributions includ	ded in lines 1a-1f. \$					
<u>3 €</u>	h	Total. Add lines 1a-1	f	<u>.</u> >	1,032,000		國際	
9				Business Code		GARLEAN MA		
Ven	2a							
8	b							
<u>Ş</u>	С							
8	d							
E	e							
Program Service Revenue	f	All other program sen						
<u>~</u>	9	Total. Add lines 2a-2				7 (2) P (2) P (3) P (3)	A STATE OF THE	
	3	Investment income		lends, interest,				
	_	and other similar amo	-		ļ			
	4	Income from investmen		_	ļ			
	5	Royalties	(i) Real	· · · · · · · · · · · · · · · · · · ·		7.7 7 304.0 30.4 30.		170 See See Sec. 19 1 2 3 3 4 4 5 5 6 6 6 6 7 7 7 8 9 8 1 7 7 7 9 9 8 1 7 7 7 9 9 8 1 7 7 7 9 9 8 1 7 7 7 9 9
	_		(i) neai	(II) Personal	人			
	6a	Gross rents						
	b	Less: rental expenses						A A
	C	Rental income or (loss)	(1)				eresis in the second	
	d	Net rental income or (Gross amount from sales of	(IOSS)	(ii) Other	#** * ** * * * * * * * * * * * * * * *	- 19.42cm \$2.80 \$2.50	100 100 100 100 100 100 100 100 100 100	/ 2 454 AU / 47
	7a	assets other than inventory	(i) Securities	(ii) Other				
	ь	Less. cost or other basis		 				
	ט	and sales expenses					State of the State	
		Gain or (loss)						
	d	Net gain or (loss)			Tación m. T. Transcenda Labidida		أنك شيئت ستند عنده	
	u	ivet gain or (ioss) .					Ace n by	
ē	8a	Gross income from fu	indraising					
en	- Ou	events (not including \$	indiaising					
Other Reve		of contributions reporte	ed on line 1c)					
7		See Part IV, line 18	· · · a			X		m. 1 4
ţ	b	Less: direct expenses	_					
0	c	Net income or (loss) fi						
		Gross income from ga	_	events .		· ** *** **** *****	* ,	2 3 7 7 7
			· · · · a		* . *3 * * * * * * * * * * * * * * * * *			
	b	Less: direct expenses			× * * * * * * * * * * * * * * * * * * *	į į		
	c	Net income or (loss) f						
		Gross sales of in						
		returns and allowance	•					
	ь	Less. cost of goods s	old b)				
	С	Net income or (loss) f		entory ►				
		Miscellaneous R	evenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-	11d	•				·
	12	Total revenue. See in	nstructions		1 032 000			

-	90`(2016)		-		Page 10
	Statement of Functional Expenses	aplata all aclumna	All other arrangestics		
36011	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon-	npiete ali columns.			
Do no	ot include amounts reported on lines 6b, 7b,	Se or note to any i		(C)	
8b, 9l	b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	996,750		general expenses	expenses -
2	Grants and other assistance to domestic individuals. See Part IV, line 22	990,730	996,750		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	48,000		48,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	8,350		8,350	
ď	Lobbying	2,589		2,589	
e	Professional fundraising services. See Part IV, line 17		\$\$ 5. TES\$ \$4.0 LS		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			- hi	
12	Advertising and promotion				
13	Office expenses	964		964	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		-		
23	Insurance				 .
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If			,	,
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		,		
a					
b C					
d					
e	All other expenses			<u>.</u>	
25	Total functional expenses. Add lines 1 through 24e	1,056,653	996,750	59,903	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	1,000,000	330,730		

•	art X	Balance Sheet			Page 1
ينو	ar C A	Check if Schedule O contains a response or note to any line in this Pa	art X		
		and an expense of flote to any fine fir and to	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	36,513	1	11,860
	2	Savings and temporary cash investments		2	,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		18 18 18 18 18 18	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	36,513	16	11,860
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	··	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
se		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20	
nc E	27	Unrestricted net assets		27	
3al:	28	Temporarily restricted net assets		28	
Ġ.	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	(a)		,
S	30	Capital stock or trust principal, or current funds	***************************************	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	 .
<u>क</u>	33	Total net assets or fund balances	36,513	33	11 000
Z	24	Total liabilities and net assets/fund balances	30,313	~	11,860

	90 (2016)			Pa	ge 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,03	2,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,05	6,653
_ 3_	Revenue less expenses. Subtract line 2 from line 1	3		<u>2</u>	24,653
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	6,513
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	\ \ \			
	33, column (B))	10		1	1,860
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other		-/ 3 Š		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in	500	ille.	\$ 250
	Schedule O.		1	entity is	i în
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or	No.	3.0	
	reviewed on a separate basis, consolidated basis, or both:			1,000	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		200 m		
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	7		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				- 17
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight	***************************************	The state of the s	
	of the audit review or compilation of its financial statements and selection of an independent accounts.	ntant?	0-	. 1	l

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

3b

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?......

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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization =		-	-		Employer identification	number		
Florid	a Alliance for Civic Engagement, Inc		_				74864		
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ons		
The c	rganization is not a private founda				-	•			
1									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3	A hospital or a cooperative hos		•						
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the		
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in		
6 7	☐ A federal, state, or local governous An organization that normally	_					n the general public		
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		_				
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organ or university or a non-land-grauniversity:								
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full tincome and unit	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its		
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	on 509(a)(4).			
12	An organization organized and								
	of one or more publicly support	-		_					
	Check the box in lines 12a thro	-	• • • • • • • • • • • • • • • • • • • •		-	· · · · · · · · · · · · · · · · · · ·	-		
а	☐ Type I. A supporting organization supporting organization. Y.	n(s) the power to	regularly appoint or e	lect a ma	jority of t	-			
b	☐ Type II. A supporting orga	nızatıon supervis	sed or controlled in co	nnection	with its s	upported organizati	on(s), by having		
	control or management of organization(s). You must	the supporting o	rganızation vested ın	the same					
С	Type III functionally integ its supported organization	• • •					ally integrated with,		
d	Type III non-functionally that is not functionally inte	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	-		
	requirement (see instructio	•	•		-				
е	Check this box if the organ functionally integrated, or	Type III non-func	tionally integrated sup	oporting			e II, Type III		
f	Enter the number of supported of								
<u> </u>		1					4.3.4		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)			-						
(C)									
(D)									
(E)									
		55000000000000000000000000000000000000	Contraction	/U 4 2 U	20° (2000)		 		

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	di A. Public Support	() 0040	#10040	4 3 0044	(0 0045		(O.T.)
_	dar year (or fiscal year beginning in)	- (a) 2012 -	- (b) 2013	(c) 2014	(d) 2015	- (e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			121,800	110,000	1,032,000	1,263,800
2	Tax revenues levied for the					i i	
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the				:		
	organization without charge						
4	Total. Add lines 1 through 3			121,800	110,000	1,032,000	1,263,800
5	The portion of total contributions by		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	art. Ekiler		94 4 A A A	
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	4 P					
6	Public support. Subtract line 5 from line 4					77	
	on B. Total Support	2 3 20 2 C	22. E. S.	<u>I</u> a constant and a	1958° 3° 8° 8° 4° 3° 9° 7° 7°	2 32533	
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	/f Total
_	Amounts from line 4	(a) 2012	(b) 2013	1 1	1 '	1-1-1	(f) Total
7				121,800	110,000	1,032,000	1,263,800
8	Gross income from interest, dividends,						
	payments received on securities loans,					1	
	rents, royalties and income from similar					1	
_	sources					 	
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10			16 2 3 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"~ HTM	100	1,263,800
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for t	he organizatior	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectior	n 501(c)(3)
	organization, check this box and stop he	ere	<u></u>	<u> </u>			▶ ☑
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2016 (line	6, column (f) di	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2015 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2016. If the organ					31/3% or more, (check this
	box and stop here. The organization qua						
b	331/3% support test-2015. If the organ	ization did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or mo	ore, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
174	10% or more, and if the organization m	eets the "facts	-and-circumst	ances" test. cl	neck this box a	and stop here .	Explain in
	Part VI how the organization meets the						
	organization						
Ь	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						_
4.5	supported organization						
18	Private foundation. If the organization of						
	instructions	<u></u>		<u> </u>	<u> </u>		<u> </u>

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.)

Secti	on A. Public Support		_				
Calen	dar year (or-fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")				ļ		
2	Gross receipts from admissions, merchandise					1	
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				_	<u> </u>	
	unrelated trade or business under section 513			1			
4	Tax revenues levied for the				<u> </u>		
-	organization's benefit and either paid				1		
	to or expended on its behalf						
5	The value of services or facilities		1	1	<u> </u>		•
-	furnished by a governmental unit to the	1					
	organization without charge						
6	Total. Add lines 1 through 5					1	
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			1	1]	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		tronicionalia Historico			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	line 6.)			34,473			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			1			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						···
11	Net income from unrelated business						
	activities not included in line 10b, whether	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	1					
	(Explain in Part VI)					ļ	
13	Total support. (Add lines 9, 10c, 11,			1	1		
	and 12.)			L	1	<u> </u>	
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	<u> </u>		► □
Secti	on C. Computation of Public Suppo					1.57	
15	Public support percentage for 2016 (line		-				%
16	Public support percentage from 2015 Sc			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2016						<u>%</u>
18	Investment income percentage from 201						<u>%</u>
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box						
þ	331/3% support tests—2015. If the organi						
	line 18 is not more than 331/3%, check this	-	-				
				40.		and see instru	ctions 🕨 🗌

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.)

Section	on A. All Supporting Organizations	ait v	·/	
	on All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	ें ा 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		22
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	723	ر آئي وُلُلُوْ
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 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	*10 mm 2 mm	
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 numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (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	S.2.74.	
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 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 (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	(32)	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	3,	- * *
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 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		
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.	9c		<u> </u>
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

determine whether the organization had excess business holdings.)

Soniedu	EXT 6.111 600 01 800 12/2010			3
Part	V Supporting Organizations (continued)			
		v., 87	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	y >:	.ges€*.	3
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	, , , ,	11a		· -
	······································	11b		<u> </u>
	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		<u> </u>
Secti	on B. Type I Supporting Organizations	- 1		. —
	r) mode	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	- 3		
	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		######################################	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		363	-34
	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	4.7		3,447
	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).	1		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1.2
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			O.
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		Page 1	10.28
	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	, 2,2		
	significant voice in the organization's investment policies and in directing the use of the organization's	1.75		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			المراجعة الأ
	supported organizations played in this regard.	3		
Sect	ion 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	nstru	ction	s).
				•
a	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	stnıc	tions)
С	[1] The diganization supported a governmental entity. Describe in Fait Willow you supported a government entity to			
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	·		1 "
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	١٠,		1
	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		<u> </u>	
	that these activities constituted substantially all of its activities.	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? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		[
	activities but for the organization's involvement.	2b	<u> </u>	1
•	Parent of Supported Organizations. Answer (a) and (b) below.		1	1
3	The state of the angular translation and the appropriate of the officers directors or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1	
		T_	†	†
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-	·
	UI II BULDOI ICU OLUGIILALIONE: II 100, GESONDO II I BIL VI IIIO 1010 PIAJOO DJ IIIO OLGANIZATON III UIIO 109414.			

0-14-4-		/F	$\alpha \alpha \alpha$		$\alpha \alpha \alpha$		2040
Schedule	м	(FOIII)	990	CM.	990	/1	/UID

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jan</u> i	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	; tru	st on Nov. 20, 1970 (explai	
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)
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	Y TANK LANDSTON	
4 Enter greater of line 2 or line 3.	4	J 36884 48884 4 5388	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	g organization (see

Part	<u> </u>	s) Supporting Organ	zations (continued)	
	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity	<u> </u>		
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızatıons	
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 whice	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·····		
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	,	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	6.0 (4.800): 14.000(5.4		
<u> </u>	Underdistributions, if any, for years prior to 2016		###	
2	(reasonable cause required—explain in Part VI). See			
~	instructions.			
3	Excess distributions carryover, if any, to 2016:			
	Excess distributions carryover, if arry, to 2010.	230 m - 738 c 1 3 1 2 2		
_ <u>a</u>				4.01
<u>c</u>	From 2013			
<u>d</u>	From 2014			
e	From 2015	- 4 (J. 1985)		
<u>f</u> _	Total of lines 3a through e	Sec. 1. 4 September 1. 10 Try to collection 2. 45 5 50.		
<u>g</u>	Applied to underdistributions of prior years		0 1 2.000 A. O	
<u>h</u>	Applied to 2016 distributable amount			880. Xv. 8 1 3 00000 100 12 8 8
	Carryover from 2011 not applied (see instructions)			Carlotta (Carlotta (Carlot
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount		a cos la la companya de la companya	
c	Remainder. Subtract lines 4a and 4b from 4.			A CANADA TAMBATA
5	Remaining underdistributions for years prior to 2016, if		-	A HART MARKET
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h		TO STATE OF THE ST	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j	<u> </u>		
•	and 4c.		*****	, , , ;
-8	Breakdown of line 7:			
a	The state of the s	<u> </u>		
<u>a</u>	Excess from 2013		<u> </u>	
	Excess from 2014			
<u>c</u>				
<u>d</u>				
ее	Excess from 2016	1	<u> </u>	<u> </u>

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

20**16**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 Part 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

	ection 501(c)(4), (5), or (6) orga				
	of organization	amzanono Completo i arrim		Employer ide	ntification number
Florida	a Alliance for Civic Engagen	nent. Inc.			46-4874864
		e organization is exempt und	ler section 501(c) or is a section 527	organization.
1		f the organization's direct and in	ndırect political ca	impaign activities in Par	t IV. (see instructions for
	definition of "political car	npaign activities")			
2		ty expenditures (see instructions)		🕨 🤄	}
_ 3	Volunteer hours for politi	cal campaign activities (see instru	ctions)	<u> </u>	·
Part		e organization is exempt und			
1		excise tax incurred by the organiz			B
2		excise tax incurred by organizatio			
3	-	ed a section 4955 tax, did it file Fo			∐ Yes ∐ No
4a	Was a correction made?				LYes LNo
	If "Yes," describe in Part		I	-\	1/-1/01
		e organization is exempt und			I(C)(3).
1	activities	ly expended by the filing organi		► §	•
•		filing organization's funds contri		•)
2		ivities			<u> </u>
3		expenditures. Add lines 1 and 2			,
•					\
4		n file Form 1120-POL for this year		·	Yes No
5		ses and employer identification nu			
3		ents. For each organization listed,			
		ontributions received that were pro			
		I fund or a political action committe			
	(a) Nama	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) ENV	filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate
		ļ			political organization. If
		<u> </u>			none, enter -0
(1)					
(2)			.]		
·					<u> </u>
(3)			_		
	. <u>. </u>		ļ	 	
(4)					
			 		
(5)			{		
·			 		ļ
(6)			{		

Schedule	С	(Form	990 or	990	·EZ)	2016

f Grassroots lobbying expenditures

Schedu	ule C (Form 990 or 990-EZ) 2016					Page 2
Part	II-A Complete if the organization section 501(h)).	on is exempt (under section 50	11(c)(3) and filed	d Form 5768 (ele	
A C	heck ▶ ☐ if the filing organization b					oup member's
	name, address, EIN, expe					
B C	heck ▶ □ if the filing organization c	hecked box A	and "limited cont	rol" provisions a	ipply.	
		bying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amounts	paid or incurred.))	organization's totals	group totals
1a	Total lobbying expenditures to influence	•			0	
b	Total lobbying expenditures to influence	0				
C	Total lobbying expenditures (add lines	0				
d	Other exempt purpose expenditures .	1,056,653				
е						
f	Lobbying nontaxable amount Enter	the amount f	rom the following	table in both		
	columns.		<u></u>		180,665	
	If the amount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amount	is:	Service Control	
	Not over \$500,000	20% of the ar	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				2. r (2) 2 2 4 E E E
9	Grassroots nontaxable amount (enter 25% of line 1f)				45,166	
h	h Subtract line 1g from line 1a. If zero or less, enter -0					
i	i Subtract line 1f from line 1c. If zero or less, enter -0					<u> </u>
j	If there is an amount other than zero	o on either line	1h or line 1, did	the organization	file Form 4720	
	reporting section 4911 tax for this yea		<u> </u>		<u> </u>	Yes No
	(Some organizations that made a s See th	ection 501(h) el e separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
	Lobbyir	g Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount		15,857	23,200	180,665	219,722
b	Lobbying ceiling amount (150% of line 2a, column (e))					329,583
С	Total lobbying expenditures		0	_0	0	0
d	Grassroots nontaxable amount		3,964	5,800	45,166	54,930
е	Grassroots ceiling amount (150% of line 2d, column (e))					82,395

Schedule C (Form 990 or 990-EZ) 2016

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tter or					
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Schedule C (For	m 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	-
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		~
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•••		

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

General Information on Grants and Assistance

Florida Alliance for Civic Engagement, Inc.

Partl

Department of the Treasury Internal Revenue Service Name of the organization

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OMB No 1545-0047

Open to Public Inspection Employer identification number

46-4874864

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Voter Registration Voter Registration Voter Registration Voter Registration ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ₹ Ž Ž 588,555 150,000 64,223 (d) Amount of cash grant 193,972 (c) IRC section (f applicable) the selection criteria used to award the grants or assistance? 501c(3) 501c(3) 501c(3) 501c(3) 27-0167620 27-4384675 65-1111662 13-357385 (D) 1671 NW 16 Terrace; Miami, FL 33125 8330 Biscayne Blvd; Miami, FL 33138 523 W Colonial Dr Orlando, FL 3280 4 (2) Florida Institute for Reform & En (4) South Florida Voices for Working 1 (a) Name and address of organization PO Box 533732; Orlando, FL 32853 (3) The Hispanic Federation, Inc. (1) New Florida Majority Part II <u></u> 5

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E

Schedule I (Form 990) (2016)

Cat. No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(12)

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance The organization required grantees to provide periodic summaries and financial reports and a final summary and financial report within 60 days of completion of the project Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III ß ဖ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number
Florida Alliance for Civic Engagement, Inc.	46-4874864
**	
Part VI, Line 11b	
T. T. A.A	
The Form 990 was emailed to all officers and directors for review prior to filing.	
Part VI, Line 19	
By request.	
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Schedule O (Form 990 or 990-EZ) (2016)	
Name of the organization	Employer identification number
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