Form **990**

Department of the Treasury

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.

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

Open to Public Inspection

$\overline{\mathbf{A}}$	For th	e 2017 calendar year, or tax year beginning and ending		
	Check if		D Employer identifi	cation number
В	applicab		D Employer identifi	Cation number
_	Addre			
느	chane F∃Name		\dashv	255050
<u> </u>	<u> </u>	Doing business as	23-7	<u>375258</u>
L	lnıtıal returr	Number and street (or P.U. box it mail is not delivered to street address) Hoom/s		
	Fınal returr	, 246 EAST 6TH AVENUE, SUITE 100	(850	<u>)681-1990</u>
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,977,522.
	Amer		H(a) Is this a group re	eturn
Ē	Appli		for subordinates	
_	pend	SAME AS C ABOVE	H(b) Are all subordinates in	_ = =
_	Tau au		7 7 7 7	=:
		empt status501(c)(3) _X501(c)(6) ◀ (insert no.)4947(a)(1) or te: ➤ INTERNETANDTVFL • COM		list (see instructions)
			H(c) Group exemptio	
	art I	forganization: X Corporation Trust Association Other L Summary	rear of formation: 1903[M State of legal domicile: FL
Ŀ	~ 		ADV MICCION I	<u> </u>
۵	1		ARY MISSION I	
Governance		FOSTER, PROMOTE AND PROTECT THE LEGAL RIGHTS	OF FLORIDA'S	FRANCHISED
Ë	2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net ass	1
Š	3	Number of voting members of the governing body (Part VI, line 1a)	_3_	12
		Number of independent voting members of the governing body (Part VI, line 1b)	4	12
v.	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	6
į	6	Total number of volunteers (estimate if necessary)	6	12
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,000.
ă	h	Net unrelated business taxable income from Form 990-T, line 34	7b	-307.
	1 -	Total and a second control and	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	9	· · · · · · · · · · · · · · · · · · ·	2,091,107.	2,136,724.
Ş	40	Program service revenue (Part VIII, line 2g)	5,647.	10,679.
و م	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,183.	-4,260.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,094,571.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,143,143.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	20,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
9		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	581,507.	549,839.
فيسو	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expe	ь	Total fundraising expenses (Part IX, column (D), line 25)		
, ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,453,470.	1,407,626.
Ь	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,034,977.	1,977,465.
~	19	Revenue less expenses Subtract line 18 from line 12	59,594.	165,678.
Net Assets or			Beginning of Current Year	End of Year
es es	20	Total assets (Part X, line 16)	3,766,417.	2,557,004.
Ass	21	Total liabilities (Part X, line 26)	2,354,223.	1,077,606.
E S	22	Net assets or fund balances Subtract line 21 from line 20	1,412,194.	1,479,398.
P	art II	Signature Block		
_		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		7
	, 001100	MA//		4/19
S. ~	_	Signature of officer	Date	// /
Sig		BRAD SWANSON, CEO	•	, ,
He	E	Type or print name and title		
_			Date Check	PTIN
De'		Print/Type preparer's name MICHAEL C CARTER Preparer's signature ON		
Paid			02/12/19 "self-employ	
	parer	Firm's name CARR, RIGGS & INGRAM, LLC	Firm's EIN	72-1396621
Use	Only	Firm's address 2633 CENTENNIAL BLVD., STE 200		
_		TALLAHASSEE, FL 32308	Phone no. 8 5	0.878.8777
Ma	v the lif	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Form	rt III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1,	Briefly describe the organization's mission
	THE PRIMARY MISSION IS TO FOSTER, PROMOTE AND PROTECT THE LEGAL RIGHTS
	OF FLORIDA'S FRANCHISED CABLE TELEVISION SYSTEMS AND THEIR AFFILIATES.
_	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4-	
4a	(Code) (Expenses \$
	MEMBERS AND THEIR 3,780,072 SUBSCRIBERS ON IMPORTANT ISSUES AFFECTING
	THE STATE OF FLORIDA.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	EFFECTIVE REPRESENTATION WITHIN EXECUTIVE, LEGISLATIVE AND REGULATORY
	BODIES, FIRST AT THE STATE LEVEL OF GOVERNMENT AND BEING OF ASSISTANCE
	AT THE LOCAL AND FEDERAL LEVELS WHEN ISSUES ARISE OF STATE OR NATIONAL
	IMPORTANCE.
4c	(Code) (Expenses \$
+0	ENHANCEMENT OF THE PUBLIC PERCEPTION OF THE CABLE TELECOMMUNICATIONS
	INDUSTRY IN FLORIDA AND OUR LOCAL COMMUNITIES AS THE LEADING INVESTOR
	IN AND PROVIDER OF INNOVATIVE, HIGH QUALITY BROADBAND INFORMATION AND
	ENTERTAINMENT SERVICES WITH A COMMITMENT TO PROVIDING THESE SERVICES AT
	A FAIR VALUE.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2017)

ASSOCIATION, INC.

Form 990 (2017) ASSOCIATION,

[PartilV 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_		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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	X	
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 98-197 If "Yes," complete Schedule C, Part III	5	X	
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		Х
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?			v
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,	44.	х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		- 41
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c	1	X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
a		11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	7.10		
'	the organization's separate of consolidated financial statements for the tax year molecule of the day of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
h	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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		X
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		X
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	17		X
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		X
19	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	19		X
		Form	990 ((2017)

			Yes	NO
2Qa	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		_X_
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 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
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	X	
24a				
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? If "Yes," complete Schedule L, Part I	25a		
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		_X_
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		<u> </u>
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, 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," 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	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\dashv	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	x	
	Note. All Form 990 filers are required to complete Schedule O	38 J	990 (2017)
		rorm	550 (2017)

Form 990 (2017) ASSOCIATION, INC. 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
ìa	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				l
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	L			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Ŀ	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Ŀ	3b_	_X	Ĺ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Ŀ	4a		Х
b	If "Yes," enter the name of the foreign country	_]		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	L			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u> :	<u>5a</u>		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Ŀ	<u>5b</u>		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	ئــا	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	<u></u>	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	Ŀ	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	_ -			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	- 1-	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	١.	_		
	to file Form 8282?	⁷	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	一.	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
† -	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 7h	-	
ь 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	" ⊢ '	''' 		
0	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	<u> </u>	8		
9	Sponsoring organizations maintaining donor advised funds.		_		
_	Did the sponsoring organization make any taxable distributions under section 4966?	·	Эа	1	
b			9b	T	
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	\bot			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L			
а	Is the organization licensed to issue qualified health plans in more than one state?	1	3а	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O				
b	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	_			
	Enter the amount of reserves on hand		_		
	Did the organization receive any payments for indoor tanning services during the tax year?		4a		<u>X</u> _
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		4b	000	
		F	-orm	990	2017)

FLORIDA INTERNET AND TELEVISION ASSOCIATION. INC 23-7375258 <u>Раде</u> 6 Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 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. 12 b 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 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 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? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12<u>a</u> 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ___ Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

TALLAHASSEE

32303-6208

BROOK WIGGINS - (850)681-1990

246 EAST 6TH AVENUE, SUITE 100,

23-7375258

Part VIII 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

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

- 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

(A)	(B)	organization compensate (C)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one				than r	пе	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is b officer and a director/tr			s both	an	compensation	compensation	amount of other		
	week					i/uus	iee)	from	from related			
	(list any	recto						the	organizations (W-2/1099-MISC)	compensation from the		
	hours for related	or d	eg e			sated		organization (W-2/1099-MISC)	(44-27 1099-141130)	organization		
	organizations	ruste	trus		82	преп		(***2/1099*****180)		and related		
	below	dual t	Institutional trustee	_	1 e	st co	-			organizations		
	line)	Individual trustee or director	Institu	Officer	Keye	Highest compensated employee	Former					
(1) AUNGST, BRIAN	10.00											
BOARD MEMBER	2.00	Х						0.	0.	0.		
(2) BRADLEY, FRAN	10.00							_		_		
BOARD MEMBER	2.00	X		Ш		Щ		0.	0.	0.		
(3) DELIMAN, DAVID	10.00											
BOARD MEMBER	2.00	X	_	Ш				0.	0.	0.		
(4) MITCHELL, MIKE	10.00	l								0		
BOARD MEMBER	2.00	X		Н	ļ			0.	0.	0.		
(5) MONROE, KEVIN	10.00	₹.						0.	0.	0.		
BOARD MEMBER	2.00	Х	\vdash	Н	-	\vdash	_	0.	0.			
(6) JOHNSON, MARVA CHAIRMAN	2.00			x				0.	0.	0.		
(7) COOPER, DEREK	10.00			A		\vdash		0.	0.			
PAST CHAIRMAN/STRATEGIC PLANNING CHA	2.00			$ \mathbf{x} $!	0.	0.	0.		
(8) BREAZEALE, BEN	10.00			Ë								
SECRETARY	2.00			x				0.	0.	0.		
(9) BOLTON, HARBIN	10.00			П						_		
TREASURER/POLITICAL COMM VICE CHAIR	2.00			х				0.	0.	0.		
(10) BOGGS, CARRIE	10.00											
EX-OFFICIO SMALL SYSTEM REP	2.00			X				0.	0.	0.		
(1,1) SWANSON, BRAD	40.00											
EXECUTIVE DIRECTOR		_		X				215,111.	0.	21,042.		
	ļ											
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Form 990 (2017)

	990 (20	7) ASSOCIAT	ION, INC								23-73	<u> 375</u> 2	258	Pag	e 8
Par	t VII s	ection A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	•	(A)	(B)	(C)						(D)	(E)			(F)	
		Name and title	Average	(40	not ch		ition		ne	Reportable	Reportable		Est	ımated	
•			hours per	box	, unles	s per	rson i	s both	an	compensation	compensatio				
			week	_	cer and	dad	recto	r/trus	tee)	from	from related			ther	
			(list any	ecte						the	organizations		•	ensatio	nc
			hours for	튭	, l			ated		organization	(W-2/1099-MIS	·C)		m the	
			related organizations	nstee	trust			bens		(W-2/1099-MISC)			-	nızatıor	
			below	la T	g g		ptoye	t com						related nzation	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	la me				orgai	iization	13
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				1]					
16	Sub-tot	al	·	١			<u> </u>	L		215,111.		0.	21	,042	$\frac{1}{2}$
		ai om continuation sheets to Part V	I Section A							0.		0.			0.
		dd lines 1b and 1c)	ii, Section A							215,111.		0.	21	,042	
2		mber of individuals (including but r	ot limited to th	ose	listed	d ab	ove) wh	o re	·	000 of reportable				_
-		sation from the organization						,		, , , , , , , , , , , , , , , , , , , ,					1
														Yes N	No
3	Did the	organization list any former officer	, director, or tru	ıste	e, key	y en	nplo	yee,	or	highest compensated en	nployee on				
	line 1a?	If "Yes," complete Schedule J for s	uch individual										3		X
4		individual listed on line 1a, is the si		е со	mpe	nsa	tion	and	oth	ner compensation from th	ne organization		•		
		ted organizations greater than \$15											4	X	
5		person listed on line 1a receive or									ual for services				
		d to the organization? If "Yes." con											5	;	X_
Sec	_	dependent Contractors													
1	Comple	te this table for your five highest co	mpensated ind	lepe	nden	ıt co	ontra	acto	s th	nat received more than \$	100,000 of comp	ensat	ion froi	n	
	the orga	nization Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin	the organization's tax ye	ear				
		(A)								(B)		_	(C)		
		Name and business							_	Description of se	ervices		ompen	sation	
		DUDLEY, P.A., 108											005		4
		SUITE 200, TALLA						mrr	$\overline{}$	CONSULTING/LO	DRRAING		207	, 662	<u> </u>
		RIDA MEDIAWORKS,	-				0	TH		MEDIA DOODIICI	DTON		1 0 1	700	۵
		ITE 200, TALLAHASS							\dashv	MEDIA PRODUC	PION		191	,789	"
		AN PARTNERS, LLC,								CONSULTING/LO	DEVINC		167	,573	3
STF	(EET,	SUITE 200, TALLA	INSSEE,	гы	3,	<u> </u>	<u>0 T</u>		\dashv	CONSOLITING	JBB1 ING		107	, , , ,	<u>٠.</u>
										•					
									\dashv					-	—
2	Total ni	mber of independent contractors (ncludina but n	ot lin	nited	to	thos	e lis	ted	above) who received mo	ore than				
~		0 of compensation from the organi		_ , ,,,			3								
	Ţ.00,00				_	_		_	_	•				Q 0 (20	

FLORIDA INTERNET AND TELEVISION ASSOCIATION, 23-7375258 Page 9 INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1a 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues 1¢ c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a MEMBERSHIP DUES 900099 2,103,677.2,100,677. 3,000. Program Service Revenue 33,047. 33,047. 900099 **b** SPONSORSHIPS f All other program service revenue 2,136,724. q Total. Add lines 2a-2f Investment income (including dividends, interest, and 11,173. 11,173. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 35,887. 6 a Gross rents 40,147. b Less rental expenses 4,260. c Rental income or (loss) -4,260.-4,260. d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of 793,738. assets other than inventory b Less cost or other basis 494 93,738. and sales expenses 494. c Gain or (loss) -494. -494. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

732009 11-28-17

43,726. Form 990 (2017)

3,000.

,143,143.2,

096,417.

Total revenue. See instructions.

d All other revenue e Total. Add lines 11a-11d ASSOCIATION, INC.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII expenses <u>expenses</u> Grants and other assistance to domestic organizations 20,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 236,153. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 241,211. Other salaries and wages Pension plan accruals and contributions (include 5,870. section 401(k) and 403(b) employer contributions) 54,553. Other employee benefits 12,052. 10 Payroll taxes Fees for services (non-employees) a Management 155,501. **b** Legal 22,266. c Accounting 484,277. d Lobbying Professional fundraising services. See Part IV, line 17 3,440. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 15,003. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 132,967. 13 Office expenses 17,089. 14 Information technology 15 Royalties 28,237. 16 Occupancy 80,173. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 106,597. 19 Conferences, conventions, and meetings 47,051. 20 Interest 21 Payments to affiliates 63,410. 22 Depreciation, depletion, and amortization 18,658. 23 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.) VIDEO PRODUCTION EXPENS 184,223. 21,133. OTHER EXPENSES 12,600. DATA SERVICES d RENOVATIONS/REPAIRS 8,633. 6,368. e All other expenses 1,977,465. Total functional expenses Add lines 1 through 24e 25 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 ıf following SOP 98-2 (ASC 958-720)

ASSOCIATION, INC.

						·
		Check if Schedule O contains a response or note	e to any line in this Part X			
•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,512,209.	1	852,779.
	2	Savings and temporary cash investments		794,164.	2	246,951.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		507.	4	2,355.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net	·		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		20,052.	9	49,894.
	10a	Land, buildings, and equipment cost or other				
	İ	basis Complete Part VI of Schedule D	10a 1,927,582.			
	ь	Less accumulated depreciation	10b 523,679.	1,426,136.	10c	1,403,903.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments · program-related See Part IV, line 1	1		13	
	14	Intangible assets		12,227.	14	
	15	Other assets See Part IV, line 11		1,122.	15	1,122.
	16	Total assets. Add lines 1 through 15 (must equa	d line 24\	3,766,417.	16	1 2 557 00/
	10	Total addeto: / tad in too 1 ta nodgi 1 to prison oque	n iirie 34)			2,557,004.
	17	Accounts payable and accrued expenses	in line 34)	152,793.	17	96,057.
			in line 34)	152,793.	17 18	96,057.
	17 18 19	Accounts payable and accrued expenses Grants payable Deferred revenue	in line 34)		17 18 19	
	17 18 19 20	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities		152,793.	17 18 19 20	96,057.
	17 18 19 20 21	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F	Part IV of Schedule D	152,793.	17 18 19	96,057.
es	17 18 19 20	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former	Part IV of Schedule D officers, directors, trustees,	152,793.	17 18 19 20	96,057.
ilities	17 18 19 20 21	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee	Part IV of Schedule D officers, directors, trustees,	152,793.	17 18 19 20 21	96,057.
iabilities	17 18 19 20 21 22	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons	152,793.	17 18 19 20 21	96,057.
Liabilities	17 18 19 20 21 22	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrela	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties	152,793.	17 18 19 20 21 22 23	96,057.
Liabilities	17 18 19 20 21 22 23 24	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties	152,793.	17 18 19 20 21	96,057.
Liabilities	17 18 19 20 21 22	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties vables to related third	152,793.	17 18 19 20 21 22 23	96,057.
Liabilities	17 18 19 20 21 22 23 24	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelat Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties vables to related third	152,793. 1,175,308. 1,025,671.	17 18 19 20 21 22 23 24	96,057.
Liabilities	17 18 19 20 21 22 23 24 25	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties vables to related third	152,793. 1,175,308. 1,025,671.	17 18 19 20 21 22 23 24	96,057.
Liabilities	17 18 19 20 21 22 23 24	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties yables to related third 17-24) Complete Part X of	152,793. 1,175,308. 1,025,671.	17 18 19 20 21 22 23 24	96,057.
	17 18 19 20 21 22 23 24 25	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties I third parties vables to related third 17-24) Complete Part X of	152,793. 1,175,308. 1,025,671.	17 18 19 20 21 22 23 24	96,057.
	17 18 19 20 21 22 23 24 25	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties I third parties vables to related third 17-24) Complete Part X of	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26	96,057.
	17 18 19 20 21 22 23 24 25	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties I third parties vables to related third 17-24) Complete Part X of	152,793. 1,175,308. 1,025,671.	17 18 19 20 21 22 23 24 25 26	96,057.
	17 18 19 20 21 22 23 24 25 26	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties I third parties vables to related third 17-24) Complete Part X of	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26	96,057.
	17 18 19 20 21 22 23 24 25	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties yables to related third 17-24) Complete Part X of check here	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26	96,057.
	17 18 19 20 21 22 23 24 25 26	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties yables to related third 17-24) Complete Part X of check here	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26	96,057.
	17 18 19 20 21 22 23 24 25 26	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC and complete lines 30 through 34.	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties yables to related third 17-24) Complete Part X of check here	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26	96,057.
	17 18 19 20 21 22 23 24 25 26 27 28 29	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC and complete lines 30 through 34. Capital stock or trust principal, or current funds	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties yables to related third 17-24) Complete Part X of check here X and d 34.	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26 27 28 29	96,057.
	17 18 19 20 21 22 23 24 25 26 27 28 29	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties yables to related third 17-24) Complete Part X of check here X and d 34.	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26 27 28 29	96,057.
Net Assets or Fund Balances	17 18 19 20 21 22 23 24 25 26 27 28 29	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete F Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC and complete lines 30 through 34. Capital stock or trust principal, or current funds	Part IV of Schedule D officers, directors, trustees, s, and disqualified persons ted third parties third parties yables to related third 17-24) Complete Part X of check here X and d 34.	1,175,308. 1,175,308. 1,025,671. 451. 2,354,223.	17 18 19 20 21 22 23 24 25 26 27 28 29	96,057.

Form	990 (2017) ASSOCIATION, INC.	<u> 23-</u>	7375258	Pag	_{le} 12
Pa	rt·XIII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,97		
3	Revenue less expenses Subtract line 2 from line 1	3		5,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,41		
5	Net unrealized gains (losses) on investments	5		-4	<u>75.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		7,99	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		1 47	0 20	0.0
li Da	column (B))	10	1,47	9,3	,
<u>ra</u>	TiXII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			X	
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 audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	2c	X	
	review, or compilation of its financial statements and selection of an independent accountant?	dula O	<u> 2c</u>		
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	yı c Audi	" 3a		X
L	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	red audi		- 	
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	eu auui	՝ _{3b}		
	or addits, explain with in ochequie o and describe any steps taken to undergo such addits			990 (2017)

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

23-7375258

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

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

ASSOCIATION, INC.

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

FLORIDA INTERNET AND TELEVISION

Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

2	Political	a description of the organiz campaign activity expendit r hours for political campa	tures	t political	campaign activities in I		20,000.
ιPa	rtil <u>:</u> B;	Complete if the org	anization is exemp	t under	section 501(c)(3)		
1	Enter the	amount of any excise tax	incurred by the organizati	ion under	section 4955	▶ \$	
		amount of any excise tax				▶\$	
3	If the org	anization incurred a section	n 4955 tax, did it file Forn	n 4720 fo	r this year?		Yes No
		prrection made?					Yes No
		describe in Part IV Complete if the org	anization is evenn	tunder	section 501(c) e	vcent section 501/c	(3)
		<u>-</u>					00 000
		amount directly expended					20,000.
2		amount of the filing organ	lization's funds contribute	a to otne	r organizations for sect	.ioi1 527 ▶ \$	
2	•	unction activities impt function expenditures	Add lines 1 and 2 Enter	hore and	Lon Form 1120-POL	•	
3	line 17b	ampt function expenditures	S Add lines I and 2 Linter	nere and	10/11/0/// 1120-1 OL,	▶ \$	20,000.
4		ling organization file Form	1120-POL for this year?			•	X Yes No
		names, addresses and er	-	ber (EIN)	of all section 527 politi	cal organizations to which	
	contribut	yments For each organizations received that were praction committee (PAC) If	omptly and directly delive	red to a s	eparate political organi	zation, such as a separate	
		(a) Name	(b) Address		(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
CA	BLE T	ELEVISION PAC	TALLAHASSEE,	FL			
FO	R FLO	RIDA	32303		59-3486492	0.	33,679.
CO	MMITT	EE FOR FAIR	TALLAHASSEE,	FL			
_		TION IN T	32303		59-3306715	0.	33,679.
		REPUBLICAN	TALLAHASSEE,	${ t FL}$		_	
SE	<u>NATOR</u>	IAL CAMPA	32308			0.	5,000 <u>.</u>
For	Paperwo	rk Reduction Act Notice,	see the Instructions for	Form 99) or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2017

732041 11-09-17

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org	ASSOCIATION IS AN	ON, INC.	n 501(c)(3) and file	23-7 ed Form 5768 (e)	7375258 Page 2		
section 501(h)).	janization is ex	empt under section					
A Check ► ☐ If the filing organiza expenses, and share	re of excess lobbyir	•		group member's nam	ne, address, EIN,		
Limi	its on Lobbying Ex	A and "limited control" properties penditures nounts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	uence public opinio	n (grass roots lobbying)					
b Total lobbying expenditures to infli	-	oody (direct lobbying)					
c Total lobbying expenditures (add li	·				-		
d Other exempt purpose expenditure		-1\		=======================================			
e Total exempt purpose expenditure			th columns	· · ·			
	f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
If the amount on line 1e, column (a) o		of the amount on line 1e					
Not over \$500,000 Over \$500,000 but not over \$1,000		0,000 plus 15% of the exc					
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc					
Over \$1,500,000 but not over \$17,							
Over \$17,000,000		i,000 plus 5% of the exce 00,000					
g Grassroots nontaxable amount (en	nter 25% of line 1f)						
h Subtract line 1g from line 1a If zer	o or less, enter -0-						
i Subtract line 1f from line 1c If zero							
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720				
reporting section 4911 tax for this					Yes No		
(Some organizations t	hat made a section	Averaging Period Unde n 501(h) election do not parate instructions for li	have to complete all o	of the five columns b	elow.		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		· · · ·		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount			<u> </u>				
(150% of line 2d, column (e))			•				

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 ASSOCIATION, INC.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
	e lobbying activity	Yes	No	Amou	int	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
q	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
i	Total Add lines 1c through 1i					
2 a	504(-)(0)0					
	If "Yes," enter the amount of any tax incurred under section 4912			-		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion		
	501(c)(6).		•			
	2.3(4)(4)			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u>x</u>	
_	Did the organization make only invidual lobbying expenditures of \$2,000 of least. Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior vear	_ 	X		
3 Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec			
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3. is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1	2,103	, 6 / / •	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical				
	expenses for which the section 527(f) tax was paid).			440	701	
а	Current year		2a	449	<u>,791.</u>	
b	Carryover from last year		2b	440	B 01	
С	·		2c		791.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	631	,103.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		1			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	political		ļ		
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5	-181	<u>,312.</u>	
Par	t IV Supplemental Information					
Prov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II-	A, lines 1 a	nd 2 (see		
ınstrı	uctions), and Part II-B, line 1 Also, complete this part for any additional information					
PAI	RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	ORMATIO	ON:			
CAI	BLE TELEVISION PAC FOR FLORIDA					
246	5 E 6TH AVE, SUITE 100 TALLAHASSEE, FL 32303					
				_		
						
COl	MITTEE FOR FAIR COMPETITION IN TELECOMMUNICATIONS					
246	5 E 6TH AVE, SUITE 100 TALLAHASSEE, FL 32303		_		•	

Schedule C (Form 990 or 990-EZ) 2017

Part IV Supplemental Information (continued) . FLORIDA REPUBLICAN SENATORIAL CAMPAIGN COMMITTEE	Schedule C (Form 990 or 990-EZ) 2017 ASSOCIATION, INC.	23-7375258	Page 4
FLORIDA REPUBLICAN SENATORIAL CAMPAIGN COMMITTEE 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308 PART I-A, LINE 1 THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.	Part IV Sunniemental Information		
2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308 PART I-A, LINE 1 THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.	•		
2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308 PART I-A, LINE 1 THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.			
2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308 PART I-A, LINE 1 THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.	FLORIDA REPUBLICAN SENATORIAL CAMPAIGN COMMITTEE		
PART I-A, LINE 1 THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.			
THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.	2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308		
THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.			
THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.		· · · · · · · · · · · · · · · · · · ·	
THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.	PART I-A. LINE 1		
		·	
	THE ORGANIZATION CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS.		
		 ,	
			
		•	
		•	
			
·			•

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FLORIDA INTERNET AND TELEVISION ASSOCIATION, INC.

Employer identification number 23-7375258

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be t	used only						
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring						
	impermissible private benefit?		Yes No						
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)							
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area						
	Protection of natural habitat Preservation of a certified historic structure								
	Preservation of open space								
2									
	day of the tax year. Held at the End of the Tax Year								
а									
b	· · · · · · · · · · · · · · · · · · ·								
С	c Number of conservation easements on a certified historic structure included in (a) 2c								
d									
	listed in the National Register 2d								
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
	year ▶								
4	Number of states where property subject to conservation eas	•							
5	Does the organization have a written policy regarding the per								
_	violations, and enforcement of the conservation easements if		YesNo						
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing consc	ervation easements during the year						
_	Amount of expenses incurred in monitoring, inspecting, hand	line of waletions and enforcing consequet	on accompate during the year						
7	S	uning of violations, and emorcing conservati	on easements during the year						
8	Does each conservation easement reported on line 2(d) abov	to entiefy the requirements of section 170/h	N/A/(B)(i)						
0	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170()	Yes No						
9	In Part XIII, describe how the organization reports conservation	on assements in its revenue and expenses							
9	include, if applicable, the text of the footnote to the organization	•							
	conservation easements	tion 3 intarioral statements that describes to	ne organization s accounting to						
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.						
	Complete if the organization answered "Yes" on Form								
1a	If the organization elected, as permitted under SFAS 116 (AS	6C 958), not to report in its revenue statem	ent and balance sheet works of art,						
	historical treasures, or other similar assets held for public exh								
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,						
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, ed								
	relating to these items	•	•						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$						
	(ii) Assets included in Form 990, Part X		> \$						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide						
_	the following amounts required to be reported under SFAS 1		•						
а	Revenue included on Form 990, Part VIII, line 1	, . , . , ,	▶ \$						
	Assets included in Form 990, Part X		> \$						

Schedule D (Form 990) 2017

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

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	are a sigi	nificant us	e of its c	ollection it	ems
	(check all that apply)		_							
a	Public exhibition	(ı 🗀	Loan or exc	hange progra	ms				
b	Scholarly research	•	, 🗀	Other						
С										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	r sımılar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa								_	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other ass	ets not in	cluded	_	_	
	on Form 990, Part X?								_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
C	Beginning balance						1c		·	
d	Additions during the year						1d			
е										
f										
2a										
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10									
Pai	T V Endowment Funds. Complete								.	
		(a) Current year	(b) F	rior year	(c) Two years	s back (d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance		ļ		 					
b										
С										
d										
е	Other expenditures for facilities									
	and programs		ļ		 					
f	Administrative expenses		ļ		 					
g	End of year balance		<u> </u>		1					
2	Provide the estimated percentage of the curr			g, column (a))) held as					
а	Board designated or quasi-endowment		_%							
b	b Permanent endowment ▶%									
С										
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administere	ed for the	organizat	ion	Γ.	
	by								f I	<u>es No</u>
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
	4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.									
T ai	Complete if the organization answere) Part IV	/ line 11a S	tee Form 990	Part Y lu	ne 10			
					or other		cumulated	. 1	(d) Book	value
	Description of property	(a) Cost or o			(other)		reciation	1	(a) Book	value
	Land	5250 (1117630	,		3,255.	556			113	,255.
	Land	-			6,745.	3	90,07	5.	1,196	
b	Buildings				5,608.		$\frac{30,07}{44,09}$,509.
C س	Leasehold improvements		_		9,985.		$\frac{42,69}{42,69}$,292.
d	Equipment Other				1,989.		46,81			,177.
	I. Add lines 1a through 1e (Column (d) must e	aual Form 000 Port	Y colum			 -				,903.
1 ULA	a riod integration in Indiana in	GUBI FUITI 330, PAIL	A. LUIUII	III. IIIE I	<u> </u>		5	chedule		990) 2017

(a) Dagger	Complete if the organization answered "Yes" of	on Form 990. Part IV. Iir	e 11b See Form 990,	Part X, line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value			nd-of-year market value
	al derivatives				
•	held equity interests				
) Other				_	
(A)					
(B)				_	
(C)					
(D)					<u></u>
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or e	nd-of-year market value
(1)					· <u>-</u> .
(2)					
(3)					
(4)				-	<u>.</u>
(5)					
(6)			 		
(7)		····-	- 		
(8)			-		
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	F 000 Dark IV I	- 11d C Farm 000	Dark V. Ivan 15	
	Complete if the organization answered "Yes"	on Form 990, Part IV, III	e i ia See Form 990. i		
	(a)		<u> </u>	- CIT 71, 11110 10	(b) Book value
	(a)	Description			(b) Book value
(1)	(a)				(b) Book value
(2)	(a)				(b) Book value
(2) (3)	(a)				(b) Book value
(2) (3) (4)	(a)				(b) Book value
(2) (3) (4) (5)	(a)				(b) Book value
(2) (3) (4) (5) (6)	(a)				(b) Book value
(2) (3) (4) (5) (6) (7)	(a)				(b) Book value
(2) (3) (4) (5) (6) (7) (8)	(a)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)		Description			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990. Part X. col. (B) line	Description			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.	Description			
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column X) (1) Fed	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation X) (1) Fed (2)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation X) (1) Fed (2) (3) (4)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3) (4) (5)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columna X) (1) Fed (2) (3) (4) (5) (6) (7)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form		

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

FLORIDA INTERNET AND TELEVISION 23-7375258 Page 4 ASSOCIATION, INC Schedule D (Form 990) 2017 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,182,815. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 -475 2a a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 40,147. 2d d Other (Describe in Part XIII) 39,672. e Add lines 2a through 2d 2e 2,143,143. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 0. 4c c Add lines 4a and 4b .143 143. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,017,612. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities 2h b Prior year adjustments c Other losses 2c 40,147 24 d Other (Describe in Part XIII) 40,147. 2e e Add lines 2a through 2d 1,977,465. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2. Part XI. lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART_X, LINE 2: THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN

IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON

EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2017, THE

ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2017 ASSOCIATION, INC.	23-737 <u>5258 Page 5</u>
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	
KENTAL BAL BROBS	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	
PAGE 4, PART XI, LINE 2D	
FOR AUDITED FINANCIAL STATEMENT PRESENTATION PURPOSES, RENTA	L EXPENSES ARE
RECORDED AS AN EXPENSE ON THE STATEMENT OF ACTIVITIES; HOWEV	ER, FOR TAX
RETURN PURPOSES, RENTAL EXPENSES ARE PRESENTED ON THE STATEM	ENT OF
REVENUES.	
PAGE 4, PART XII, LINE 2D	
FOR AUDITED FINANCIAL STATEMENT PRESENTATION PURPOSES, RENTA	I. EYDENGEG ARE
RECORDED AS AN EXPENSE ON THE STATEMENT OF ACTIVITIES; HOWEVE	
RETURN PURPOSES, RENTAL EXPENSES ARE PRESENTED ON THE STATEM	ENT OF
REVENUES.	
	
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	·····

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.
FLORIDA INTERNET AND TELEVISION
ASSOCIATION, INC.

Employer identification number 23-7375258

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A. line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions X Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? 4a X 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2017

23-7375258

ASSOCIATION, INC. Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred	benefits	(a)·(b)(a)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
		,			·			
(1) SWANSON, BRAD	Ξ	182,21	32,900.	0.	0	21,042.	236,15	0.
EXECUTIVE DIRECTOR	Ξ	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2017

23-7375258

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information Part III | Supplemental Information Schedule J (Form 990) 2017

1A:	ION PAID \$1,210 FOR BRAD SWANSON'S SOCIAL CLUB DUES.	4A:	JANICE CALUDA, FORMER VICE PRESIDENT OF OPERATIONS, RECEIVED A SEVERANCE	0,996, REPORTED AS WAGES ON FORM W-2 IN 2017.								Schedule J (Form 990) 2017
PART I, LINE 1A:	THE ORGANIZATION PAID \$1,210	PART I, LINE 4A:	JANICE CALUDA, FORMER VI	PAYMENT OF \$90,996, REPO			:			1		

SCHEDULE 0

(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.

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

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

FLORIDA INTERNET AND TELEVISION ASSOCIATION, INC.

Employer identification number 23-7375258

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CABLE TELEVISION SYSTEMS AND THEIR AFFILIATES.
FORM 990, PART VI, SECTION A, LINE 4:
IN JULY 2017, THE ORGANIZATION OFFICIALLY CHANGED ITS NAME FROM FLORIDA
CABLE TELECOMMUNICATIONS ASSOCIATION, INC. (FCTA) TO FLORIDA INTERNET AND
TELEVISION ASSOCIATION, INC. (FIT)
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP TO THE ASSOCIATION IS COMPOSED OF SYSTEM MEMBERS AND ASSOCIATE
MEMBERS. SYSTEM MEMBERS ARE ENGAGED IN THE BUSINESS OF PROVIDING TELEVISION
RECEPTION OR SERVICE FOR THE PUBLIC BY AUTHORIZED CABLE TELEVISION SYSTEMS
IN THE STATE OF FLORIDA. ASSOCIATE MEMBERS ARE ENGAGED IN THE MANUFACTURE,
DISTRIBUTION, FURNISHING OF EQUIPMENT, MATERIAL OR SERVICES USED IN
CONNECTION WITH CABLE TELEVISION SYSTEMS. ASSOCIATE MEMBERS MAY ALSO BE ANY
LICENSED PUBLIC OR PRIVATE TELEVISION BROADCAST STATION OPERATING AND
LOCATED IN THE STATE OF FLORIDA.
FORM 990, PART VI, SECTION A, LINE 7A:
WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS, THE CHAIRMAN SHALL
DESIGNATE THE COMMITTEES, APPOINT THE MEMBERS OF ALL COMMITTEES, AND
DESIGNATE THE CHAIRMAN OF ALL COMMITTEES.
FORM 990, PART VI, SECTION A, LINE 7B:
THE EXECUTIVE COMMITTEE SHALL MEET AT THE CALL OF THE CHAIRMAN AND CONDUCT
THE BUSINESS OF THE ASSOCIATION AND ACT ON THE MATTERS IN THE INTERVAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Employer identification number 23-7375258

BÉTWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE COMMITTEE SHALL KEEP

MINUTES OF ALL MEETINGS AND A RECORD OF ALL ACTIONS TAKEN AND REPORT TO THE

BOARD OF DIRECTORS ON SUCH AN ACTION AS SOON AS PRACTICAL. THE MINUTES AND

REPORTS SHALL BE REVIEWED AND PRESENTED FOR RATIFICATION AT THE NEXT

ENSUING MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM. THE FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED AND

APPROVED BY THE EXECUTIVE AUDIT COMMITTEE/FINANCE COMMITTEE. ANY

DISCREPANCIES ARE RESOLVED WITH THE INDEPENDENT ACCOUNTING FIRM PRIOR TO

FILING WITH THE INTERNAL REVENUE SERVICE CENTER.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON EMPLOYMENT, EACH EMPLOYEE SIGNS A CODE OF ETHICS WHICH INCLUDES A

CONFLICT OF INTEREST CLAUSE. HOWEVER, THE PRESIDENT HAS A SEPARATE CONFLICT

OF INTEREST POLICY THAT MUST BE REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION GOES THROUGH ANNUAL MEETINGS TO SET THE BUDGET FOR ALL

EMPLOYEES' COMPENSATION EXCEPT FOR THE PRESIDENT, WHO IS CURRENTLY UNDER A

CONTRACT. THERE IS A YEARLY REVIEW OF THE PRESIDENT'S ACCOMPLISHMENTS SET

OUT FOR HIM BY THE STRATEGIC PLAN THAT HE IS THEN COMPENSATED FOR BY THE

BOARD EXECUTIVE COMMITTEE ACCORDING TO THE PARAMETERS LAID OUT IN HIS

EMPLOYMENT CONTRACT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND THREE MOST RECENT YEARS

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization FLORIDA INTERNET AND TELEVISION ASSOCIATION, INC.	Employer identification number 23-7375258
OF FINANCIAL STATEMENTS AND FORM 990S AVAILABLE TO THE PUB	LIC UPON REQUEST.
FORM 990, PART XI, LINE 8:	
THE BEGINNING NET ASSETS FOR 2017 HAVE BEEN RESTATED TO CO	RRECT ERRORS
RELATED TO THE ACCRUAL OF EXPENSES AND RECOGNITION OF CONT	RIBUTIONS
REVENUE FOR THE YEAR ENDED DECEMBER 31, 2016. THE EFFECT O	F THE
RESTATEMENT WAS TO DECREASE THE BEGINNING NET ASSETS BY \$9	7,999 FOR THE
EFFECT OF THE RESTATEMENT ON THE PRIOR YEAR.	
·	
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	-
	•

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

2017

OMB No 1545-0047

c.

Open to Public

Employer identification number

► Go to www.irs.gov/Form990 for instructions and the latest information. FLORIDA INTERNET AND TELEVISION ASSOCIATION, INC.

23-7375258

Part II Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ite if the organization answered "Yes"	on Form 990, Part IV, line 33					
(e)	(q)	(၁)				(J)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets		Direct controlling entity	
				_			
	ı— ı						
							ĺ
Identification of Related Tax-Exempt Organizations. Organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	ınswered "Yes" on Form 990,	Part IV, line 34, bec	ause it had one or	nore related tax-exen	npt	
(a)	(q)	(၁)	(p)	(e)	(J)	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ર્જ -
				501(c)(3))		Yes	 <u>e</u>
CABLE TELEVISION PAC FOR FLORIDA -						\vdash	
59-3486492, 246 EAST 6TH AVENUE, SUITE 100,							
TALLAHASSEE, FL 32303	POLITICAL	FLORIDA	527			×	
COMMITTEE FOR FAIR COMPETITION IN TELECO -							
59-3306715, 246 EAST 6TH AVENUE, SUITE 100,							
TALLAHASSEE, FL 32303	POLITICAL	FLORIDA	527		•	×	
				_			

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

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Schedule R (Form 990) 2017

23-7375258

Page 2

Schedule R (Form 990) 2017 ASSOCIATION, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(k) sentage nership				ated	Section 5.12(b)(13) controlled entity?			
Perce owne				ore rela				
(j) (k) General or Percentage managing ownership		 		Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(h) Percentage ownership		١	
				had on	Perc	-		
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				luse rt	e of year			
CO 200				t, beca	(g) Share of end-of-year assets			
(h) Disproportionate allocations?	L		_	line 34				
Disprope allocal		 -		oart IV,	(f) Share of total income		:	
e of year				990,	Share			
(g) Share of end-of-year assets				n Form	λίς CDO			
			-	Yes" o	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income				rered "	Type (C co			
Share inc				n answ	guillo			
nder 17 17 17				nizatio	(d) Direct controlling entity			
(e) nant inco unrelate rom tax u				ie orga	Direct			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				ste if th	(c) Legal domicile (state or foreign country)			
	=	 		Somple	Legal d (stat fore cour			
(d) Direct controlling entity	-			rust. (
(d) ect contr entity				n or T	ctivity			
		 		oratio year.	(b) Primary activity			
(c) Legal domicile (state or foreign				Identification of Related Organizations Taxable as a Corporations and a corporation organizations treated as a corporation or trust during the tax year.	Ę			
		 	-	ble as during				
(b) Primary activity				s Taxa r trust				
) rımary		ļ		zation:				
				Organi Sorpora	EIN			
-				lated C	(a) Name, address, and EIN of related organization			
(a) Name, address, and EIN of related organization				of Rel treated	(a) addres ited org			
(a) Iress, a organi				cation ations	Name, of rela			
ie, add elated				dentifi organız	_	.		
Nam of 1				I —				
				Part IV				

732162 09-11-17

Schedule R (Form 990) 2017

23-7375258

, INC.	ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
ASSOCIATION,	Related Organizations.
, R (Form 990) 2017	Transactions With
Schedule	Part V

2017	066 u	(Forn	Schedule R (Form 990) 2017		•	732163 09-11-17
						(9)
					•	(5)
						[4]
:					ļ	
						(3)
			FMV	33,679.	æ	(2) CABLE TELEVISION PAC FOR FLORIDA
			FMV	33,679.	x	COMMUNICATIONS FOR FAIR COMPETITION IN (1) TELECOMMUNICATIONS
			מ		type (a-s)	,
	•	<u>v</u> ed	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of related organization
			lationships and transaction thresholds.	ris line, including covered r	ho must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
×		15				
	Þ	1				- Other transfer of cont or proposed to coloted proposed contraction(a)
×		19				 Reimbursement paid by related organization(s) for expenses
×		10				p Reimbursement paid to related organization(s) for expenses
	1	2	•			סומויים כן לישים כויים ליים אינין יבואיכן כן פמייבאיכיון פון
×		1h			on(s)	
X		13			nization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
	×	1			nization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)
×		¥				k Lease of facilities, equipment, or other assets from related organization(s)
×		1				j Lease of facilities, equipment, or other assets to related organization(s)
×		1i		•		i Exchange of assets with related organization(s)
×		ŧ				
×		19		:		g Sale of assets to related organization(s)
×		#		:		f Dividends from related organization(s)
×		19				e Loans or loan guarantees by related organization(s)
×		1d		•		d Loans or loan guarantees to or for related organization(s)
×		1c				c Gift, grant, or capital contribution from related organization(s)
X		1b		:		b Gift, grant, or capital contribution to related organization(s)
×		1a			;	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
			Parts II-IV?	elated organizations listed II	s with one or more r	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
No	Yes					Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

ASSOCIATION, INC. Schedule R (Form 990) 2017 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	6								
(e)	@		© .		(6)	ε	8	9	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(related, unrelated, 501(excluded from tax under or or centions 519-514)	Spi(c)(3) total orgs?	Share of end-of-year assets	Dispropor- tionate allocations?	Dispropor Code V-UBI General or Percentage Unite amount in box 20 managing ownership allocations? O Schedule K-I Com 1065)	General or managing partner?	Percentage ownership
			Tes	res no		Tes No	(000)	Tes NO	
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 ASSOCIATION, INC.	23-7375258 Pag	ge 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions		
PART V, LINE 2		
THE POLITICAL ACTION COMMITTEE (PAC) TRANSFERS THE AMOUNTS T	אמת אפר	
THE POLITICAL ACTION COMMITTEE (PAC) TRANSFERS THE AMOUNTS T	IIRI AKD	
ALSO RECORDED ON SCHEDULE C, PART I-C. THE AMOUNTS REPRESENT	PAC	
THE METERS OF SOME OF	<u>.</u>	
CONTRIBUTIONS PAID TO THE ASSOCIATION ALONG WITH MEMBER DUES	. THESE PAC	
CONTRIBUTIONS ARE THEN TRANSFERRED FROM THE ASSOCIATION TO T	HE	
ADDDODDIAME DAC		
APPROPRIATE PAC.		
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