

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018
B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending
C Name of organization
NORTH CENTRAL FLORIDA APARTMENT ASSOCIATION INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
6001 SW 75TH TERRACE
City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32608
D Employer identification number
59-2855492
E Telephone number
(352) 333-0333
F Group Exemption Number
G Accounting Method ☒ Cash ☐ Accrual Other (specify)
H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: WWW.NCFAA.NET
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 195,623

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		
Check if the organization used Schedule O to respond to any question in this Part I ☒		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 3,271
	2 Program service revenue including government fees and contracts	2 121,809
	3 Membership dues and assessments	3 59,918
	4 Investment income	4 16
	5a Gross amount from sale of assets other than inventory	5c
	b Less cost or other basis and sales expenses	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6d
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
Expenses	c Less direct expenses from gaming and fundraising events	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a Gross sales of inventory, less returns and allowances	7c
	b Less cost of goods sold	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	8 10,609
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 195,623
	10 Grants and similar amounts paid (list in Schedule O)	10 9,557
	11 Benefits paid to or for members	11 31,714
	12 Salaries, other compensation, and employee benefits	12 64,312
Net Assets	13 Professional fees and other payments to independent contractors	13 6,555
	14 Occupancy, rent, utilities, and maintenance	14 1,760
	15 Printing, publications, postage, and shipping	15 1,400
	16 Other expenses (describe in Schedule O)	16 87,998
	17 Total expenses. Add lines 10 through 16	17 203,296
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -7,673
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 44,143
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 36,470

Part II

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	37,869	22	39,564
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,048	24	42
25 Total assets	46,917	25	39,606
26 Total liabilities (describe in Schedule O).	2,774	26	3,136
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,143	27	36,470

Part III

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

What is the organization's primary exempt purpose?
EDUCATION

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

28
See Additional Data Table

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

28a

29

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

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

Part IV

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DENISE SNYDER	5 00	0	0	0
PRESIDENT				
PENNY PIPER	5 00	0	0	0
VICE PRESIDENT				
BRIANNE KOCHER	5 00	0	0	0
TREASURER				
STEPHANIE BEATTY	5 00	0	0	0
SECRETARY				
LIBBY BRIDGES	5 00	0	0	0
PAST PRESIDENT				
RENNIE THOMAS	5 00	0	0	0
DIRECTOR				
RICK WINDENBURG	5 00	0	0	0
DIRECTOR				
PETE ZIMEK	5 00	0	0	0
DIRECTOR				
JORGE VILLALOBOS	5 00	0	0	0
DIRECTOR				
DIANA SPERRING	5 00	0	0	0
DIRECTOR				
ROBERT CARROLL	40 00	58,899	900	0
EXECUTIVE DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b Did the organization file Form 1120-POL for this year?	37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶			
42a			
The organization's books are in care of ▶ STEPHANIE BEATTY Telephone no ▶ (352) 333-0333			
Located at ▶ 6001 SW 75TH TERRACE GAINESVILLE , FL ZIP + 4 ▶ 32608			
		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
		Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

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

f Total number of other employees paid over \$100,000 ► _____

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ **Yes** ☐ **No**

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

Sign Here	***** Signature of officer	2019-08-19 Date
	STEPHANIE BEATTY, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WILLIAM JONES	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01420212
	Firm's name ► MCDAVID JONES & COMPANY CPA'S			Firm's EIN ► 46-5361959	
	Firm's address ► 4711 NW 53RD AVENUE GAINESVILLE, FL 326534356			Phone no. (352) 373-1080	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TO SERVE AND SUPPORT THE PROFESSIONAL OWNERS, MANAGERS, AND PROVIDERS OF MULTI-FAMILY HOUSING THROUGH GOVERNMENT ADVOCACY, EDUCATION, AND SERVICE TO NORTH CENTRAL FLORIDA AREA (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: NORTH CENTRAL FLORIDA APARTMENT
ASSOCIATION INC

EIN: 59-2855492

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

NORTH CENTRAL FLORIDA APARTMENT
ASSOCIATION INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

59-2855492

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 16

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION NOMINATION FEE AMOUNT 180 DESCRIPTION REVENUE SHARE AMOUNT 10,260 DESCRIPTION OTHER REVENUE AMOUNT 70 DESCRIPTION MARKET SURVEY REPORT AMOUNT 99 TOTAL T O FORM 990-EZ, LINE 8 10,609

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME FAMILY PROMISE OF GAINESVILLE FL INC GR ANTEE ADDRESS PO BOX 5189 GAINESVILLE, FL 32627 PROPERTY DESCRIPTION CASH DATE OF GIFT 09/13/18 AMOUNT GIVEN 7,073

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME VARIOUS DONEES LESS THAN \$5000 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,484 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 12,124 DESCRIPTION TAXES & LICENSES AMOUNT 61 D ESCRIPTION TRAVEL AMOUNT 11,077 DESCRIPTION INSURANCE AMOUNT 1,358 DESCRIPTION EV ENTS & CLASSES AMOUNT 61,079 DESCRIPTION ADVERTISING AMOUNT 1,142 DESCRIPTION CONF ERENCE REGISTRATION FEES AMOUNT 155 DESCRIPTION PROMOTIONAL ITEMS AMOUNT 1,002 TOTA L TO FORM 990-EZ, LINE 16 87,998

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION UNDEPOSITED FUNDS BEG OF YEAR AMOUNT 7,917 END OF YEAR AMOUNT 0 DESCRIPTION APAC BEG OF YEAR AMOUNT 1,131 END OF YEAR AMOUNT 0 DESCRIPTION PAYROLL TAX RE FUND RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 42

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 1,611 END OF YEAR AMOUNT 1,297 DESCRIPTION RETIREMENT CONTRIBUTION PAYABLE BEG OF YEAR AMOUNT 1,163 END OF YEAR AMOUNT 1,163 DESCRIPTION APAC BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,089