Form 990-EZ

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 instructions and the latest information.

Department of the Treasury, Internal Revenue Service

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable

<table>
<thead>
<tr>
<th>Address change</th>
<th>Name change</th>
<th>Initial return</th>
<th>Final return/terminated</th>
<th>Amended return</th>
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<tbody>
<tr>
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</tbody>
</table>

C Name of organization

FLORIDA PROMISE, INC.

D Employer identification number

83-2961305

E Telephone number

(904) 359-2000

F Group Exemption Number

G Accounting Method:

Cash

Accrual

Other (specify)

H Check if the organization is not required to attach Schedule B

J Tax-exempt status (check only one)

501(c)(3)

501(c)(4)

4947(a)(1)

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)) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain (or loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events:

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less: direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shopping

16 Other expenses (describe in Schedule O)

17 Total expenses Add lines 10 through 16

18 Excess (or deficit) for the year (Subtract line 17 from line 9)

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)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

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LHA For Paperwork Reduction Act Notice, see the separate instructions.
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FLORIDA PROMISE, INC.  
83-2961305  
Page 2

**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

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>26</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>27</td>
</tr>
</tbody>
</table>

**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? **SEE SCHEDULE O**

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 THE ORGANIZATION HAD NO ACTIVITY DURING THE YEAR.**

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICHARD ALEXANDER</td>
<td>CHAIR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**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
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

Yes No

34 Were any significant changes made to the governing documents? If "Yes," attach a copy of the amended documents. Otherwise, explain the change on Schedule O (see instructions)

34  X

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 X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation on Schedule O

35b N/A  X

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 X

36 Did the organization undergo a liquidation, dissolution, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36 X

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 the year?

37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations. Enter:

39a

b Initiation fees and capital contributions included on line 9

39b

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a Section 4911  N/A  ; section 4912  N/A  ; section 4955  N/A

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 X

c Sections 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons under sections 4912, 4955, and 4958

40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

40d

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 X

41 List the states with which a copy of this return is filed

42a The organization's books are in care of  FL

The organization's books are in care of  THE ORGANIZATION Telephone no. (904) 359-2000

Located at 4532 WEST KENNEDY BLVD, NO. 306, TAMPA, FL  ZIP + 4 33609

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 X

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).

42c X

At any time during the calendar year, did the organization maintain an office outside the United States?

42c X

If "Yes," enter the name of the foreign country:

42c X

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 N/A

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 X

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 X

X

44c X

b Did the organization receive any payments for indoor tanning services during the year?

44c X

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

b 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 X

832173 12-11-18

15501113 79773 832961305 2018.05000 FLORIDA PROMISE. INC. 83296131
46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
   [ ] Yes [x] 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.

检查该组织是否使用了Schedule O以对任意问题进行回答。

47. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?  
   [ ] Yes [ ] No

48. Is the organization a school as described in section 170(b)(1)(A)(v)?  
   [ ] Yes [ ] No

49a. Did the organization make any transfers to an exempt non-charitable related organization?  
   [ ] Yes [ ] No

49b. If "Yes," was the related organization a section 527 organization?  
   [ ] Yes [ ] No

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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
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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."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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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.

Signature of officer

RICHARD ALEXANDER, CHAIR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check [ ] if self-employed

PTIN

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

Form 990-EZ (2018)
FLORIDA PROMISE, INC.  

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FLORIDA PROMISE'S MISSION IS TO DEVELOP AND ADVOCATE FOR LEGISLATION, REGULATIONS, AND GOVERNMENT PROGRAMS RELATED TO POLICIES TO BENEFIT FLORIDIANS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: 
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.