EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

A F	or the	2016 calendar year, or tax year beginning and e	ending		
Вс	heck if	C Name of organization		D Employer identific	cation number
a		STATE CHARTERED CREDIT UNIONS IN FLORI	[DA		
]Addres]change	I ALLIANCE CREDIT UNION OF FLORIDA		,	
X]Name]change	Doing business as		59-6	134207
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return/	412 E UNIVERSITY AVE		352-	372-8225
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,663,137.
	Amend return	GAINESVILLE, FL 32601		H(a) is this a group re	
	Applica	F Name and address of principal officer. TIMOTHI J. CANNON		for subordinates	? Yes X No
	pendin	412 E UNIVERSITY AVE, GAINESVILLE, FL	3260	1 H(b) Are all subordinates in	ocluded? Yes No
		mpt status: 501(c)(3) X 501(c) (14) ◀ (insert no.) 4947(a)(1) o	or 521	If "No," attach a	list (see instructions)
		e: ► WWW.ALLIANCECUFL.ORG		H(c) Group exemption	
		organization; X Corporation	L Year	r of formation: 1944 N	State of legal domicile: FL
Pa		Summary			
ě		Briefly describe the organization's mission or most significant activities PEOPI			TO MASTER
an		THEIR FINANCIAL SITUATIONS, ONE SOLUTION			
ern		Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets.
90		Number of voting members of the governing body (Part VI, line 1a)		3	<u> </u>
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)		4	7
ies	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	29
Activities & Governance		Total number of volunteers (estimate if necessary)		6	20.000
Ac		Total unrelated business revenue from Part VIII, column-(6)-line-12	7	7a	22,890.
	b	Net unrelated business taxable income from Form 990-T, line 340 FIVED			-17,599.
		Cardybuthan and areata (Dart V(IV) by a 11)	RS-OSC	Prior Year 0 •	Current Year 0.
ř	l	Contributions and grants (Part VIII, line 1h)	1위 누	3,974,725.	3,573,239.
Revenue		rogram service revenue (rait vini, inte 2g)	181 -	70,986.	
Re		nvestment income (Part VIII, column (A), lines 3, 4, land 7d)	┚═╏├╌	70,366.	89,898. 0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e N, U Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		4,045,711.	3,663,137.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	ĺ	Benefits paid to or for members (Part IX, column (A), line 4)	 	0.	0.
s	į .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,399,651.	1,282,167.
Expenses	ì	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ъф	l	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,494,735.	2,474,126.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,894,386.	3,756,293.
	19	Revenue less expenses Subtract line 18 from line 12		151,325.	-93,156.
80			В	eginning of Current Year	End of Year
isis Biss	20	Total assets (Part X, line 16)		47,782,960.	47,604,140.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		44,321,962.	44,197,499.
<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20		3,460,998.	3,406,641.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and state	ments, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepari	er has any knowledge.	
		Junety Cama			0-17
Sigi	n ¦	Signature of officer		Date	
Her	e	TIMOTHY J. CANNON, CEO			
) 		Type or print name and title			
	_	Print/Type preparer's name Preparer's Ignature	אס	Date Check	PTIN
Paid			PA	11-1-17 r self-employ	
	arer	Firm's name DOEREN MAYHEW		Firm's EIN	38-2492570
Use	Only	Firm's address 12060 S. W. 129TH COURT STE. 203	1		E 026 0050
		MIAMI, FL 33186-4582		Phone no. 3 0	5-232-8272
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

59-6134207 Form 990 (2016) ALLIANCE CREDIT UNION OF FLORIDA Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. PEOPLE HELPING PEOPLE TO MASTER THEIR FINANCIAL SITUATIONS, ONE SOLUTION AT A TIME. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 (Code) (Expenses \$ including grants of \$ _) (Revenue \$ ALLIANCE CREDIT UNION OF FLORIDA IS DEDICATED TO SERVING ITS MEMBERS' SAVINGS AND LOAN NEEDS. SERVICES INCLUDE AVAILABILITY OF VARIOUS TYPES OF SAVINGS, CHECKING, CERTIFICATES OF DEPOSIT, AND RETIREMENT ACCOUNTS. THE CREDIT UNION ALSO MAKES LOANS TO MEMBERS. (Code) (Expenses \$ (Code _____) (Expenses \$___ _____ including grants of \$ ______) (Revenue \$ ____ 4d Other program services (Describe in Schedule O.)) (Revenue \$ including grants of \$ Total program service expenses

Form 990 (2016)

STATE CHARTERED CREDIT UNIONS IN FLORIDA

59-6134207 Page 3

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
^	If "Yes," complete Schedule A	2		X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?			
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	3_		
•	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			
Ū	similar amounts as defined in Revenue Procedure 98-19? 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		}	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		}	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		<u> </u>	ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		}	<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	}		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	 - <u>-</u> -	<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		,,	İ
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		V	ļ
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	}	x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13	 	X
b		14a	 	1
•	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ĺ	ļ	}
	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	140	1	
-	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,	<u> </u>		
	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	<u></u>	<u> </u>
		Form	990	(2016)

Form 990 (2016) ALLIANCE CREDIT UNION OF FLORIDA
Part IV Checklist of Required Schedules (continued)

24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization express the activities and the second of the year of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction of person person of the organization person of any of these persons? If "Yes," complete Schedule II, Part IV was transaction with a contributor or employee thereof, a grant selection committee member, o				Yes	No
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 17 // "Yes," complete Schedule I, Parts I and II 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 17 // "Yes," complete Schedule I, Parts I and III 22 Did the organization insport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," complete Schedule I, Part I and III 22 Did the organization insport "yes" to Part IX, its escent 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 K. If "No", go to line 25a Did the organization have a save after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization invest any processed of tax exempt bonds beyond a temporary period exception? 24b Did the organization invest any processed of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any processed of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any processed any tax-exempt bonds? 24c Did the organization invest any processed of tax exempt bonds of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization engage 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 is proved a great or other assistance to an officer, director, fustee, key employee? If "Yes," complete Schedule L, Part II Did the organization proved a great or other assistance to an officer, director, fustee, like the organization is an officer, director, fustee	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
domestic government on Part IX, column (A), Ine 17 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), Ine 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part IVI, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation employees? If "Yes," complete Schedule J 23 J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 3 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 4 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 6 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 7 Did the organization and a sain on behalf of "issuer for bonds outstanding at any time during the year? 8 Section 50(16)3, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule I, Part II 8 Did the organization inport 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 I, Part IV 8 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or empl	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I is and III 22 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, frustees, key employees, and highest compensated employees? If "Yes," organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization amount and account other than a refunding escrow at any time during the year? 24c Did the organization amount and account of the than a refunding escrow at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the exemption of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 15 the organization provide person during the year? If "Yes," complete Schedule L, Part I 25b 16 the organization provide any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, substacles, key employee, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 25 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a prant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 26 Did the organization provide and provide expendition of the fol	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), ine 2" if "Yes," complete Schedule I, Parts I and III 2 Did the organization of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 J. 244 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", or to Ima 0.25s 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pend exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pend 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? 25 Sections 501(5(8), 501(5(8), 501(5(4), and 501(5(29) organizations. Did the organization elayers that transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is 1s the organization aware that the regaged 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-E27 If "Yes," complete Schedule L, Part I 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 IV 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% contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof a payable store or officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV And And And And And And And		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Parl VII, Section A, Inie 3.4, or 5 about compensation of the organization's current and former officers, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule I, It was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25s. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25s. 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? 24d Did the organization amaintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization amaintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization amaintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization amaintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization amaintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization amaintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization amaintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization amaintain an escrow account of the organization engage in an excess benefit transaction with a disqualified person in a prior year. 24d Did the organization amaintain an escrow accountaint or the organization and any escription and any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, or line organization and part of the organi	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25e 24b 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? 24d Did the organization and ta sa n' on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and that sample of the organization of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is 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 I IV 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or 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 IV 27b Intervitors for applicable fling threeholds, conditions, and exceptions) and a A current or former officer, circetor, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A neithy of which a current or former officer, director, trustee, or key employee? If "		Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization acts as in on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? Did the organization acts as in on behalf of" issuer for bonds outstanding at any time during the year? 24d 24c 25s 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 of the year? If "Yes," complete Schedule I., Part II 25a 15a 15b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			}
24a but the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Dacember 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Cold the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Old the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? to defease any tax-exempt bonds? 24c Old the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Section 501(23), 501(24), and 501(0)(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 I 25a 15 Is the organization and serve 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 is prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part I II 25b 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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 IV 27c and the organization provide 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 IV 27c and any of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c and any of the organization receive more than		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV do the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M do the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M do the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I do the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II do the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part II do the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1 do the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Ine 2 do the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part VI do the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O			27	}	X
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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 561			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
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 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	3b_	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
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)		ľ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	ļ	X
C	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		İ	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		}	ł
	were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).		}	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	 -	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	1	}
	to file Form 8282?	7c		┼
	If "Yes," indicate the number of Forms 8282 filed during the year	7-	ļ	}
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7h	 	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	<u> </u>	
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		Ì
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		į .	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}	1	
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.)	<u> </u>	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
þ	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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	 -
	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	1	}	1
	organization is licensed to issue qualified health plans	4	}	{
С	Enter the amount of reserves on hand	1	 	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Ear	- ααſ	12016

STATE CHARTERED CREDIT UNIONS IN FLORIDA Form 990 (2016) 59-6134207 ALLIANCE CREDIT UNION OF FLORIDA 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 X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 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 X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5_ Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X 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 X 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, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 15 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? a The organization's CEO, Executive Director, or top management official X 15a X b Other officers or key employees of the organization 15b 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 taxable entity during the year? X 16a 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 exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MONE

• •	TIOTIZE
18	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.
	Own website Another's website X Upon request 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 ► TIM CANNON - 352-372-8225

412 E UNIVERSITY AVE, GAINESVILLE, FL 32601

Form 990 (2016) ALLIANCE CREDIT UNION OF FLORIDA 59-6134207 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	i i	orga	niza	_		nper	nsat		lirector, or trustee.	
(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is boti or/trus		compensation	compensation	amount of
	(list any	ğ	<u> </u>		Г		ŕ	from the	from related organizations	other compensation
	hours for	drec	ļ	}]	ا چا		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee	j	}	ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr	1	loyee	E a		·	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуе	Highest compensated employee	mer			organizations
	line)	를	Ē	₽	- S	물통	For			
(1) JOHN E. POWER	1.00	∤			ĺ					
DIRECTOR	1 00	X			 	 		0.	0.	0.
(2) RALPH W. HILLIARD	1.00	1	Ì							
DIRECTOR		X	├-	├ ─	⊢ _			0.	0.	0.
(3) ALAN R. MORROW	1.00	}	}]	}					
CHAIR/DIRECTOR		X	├	-	├			0.	0.	0.
(4) GWENDOLYN B DAWSON	1.00	3,			ŀ					•
DIRECTOR	1 00	X			├─		-	0.	0.	0.
(5) DONNA L. MCAFEE	1.00	4.		1	}			0	0	•
V. CHAIRPERSON/DIRECTOR	1 00	X			┼			0.	0.	0.
(6) TIMOTHY A GOOD	1.00	- T	}	1	1			0	•	0
TREASURER	1 00	X	├-	├	├			0.	0.	0.
(7) REIDA SQUIRES	1.00	X		ł		}		•	•	0
SECRETARY/DIRECTOR	1.00	A	├-		-	-		0.	0.	0.
(8) SHANE SAPP	1.00	X	ł		1		}	0.	0.	0.
ASSOCIATE DIRECTOR (9) DON MCAFEE	1.00	1	 	-	 			· · · · · · · · · · · · · · · · · · ·	<u></u>	· · ·
DIRECTOR EMERITUS	1.00	X					}	0.	0.	0.
(10) TIM CANNON	40.00	1	 	 	 -	 		<u>0.</u>		<u> </u>
CEO	20.00	1	-	X				158,147.	0.	23,818.
(11) YADLINE SAINT-FORT	40.00	_	 	 **	+-	_	 	130,117.		25,010.
VP/ACCOUNTING/CFO		1		X	{			13,582.	0.	1,320.
(12) THOMAS STUDLEY	40.00	1			_	1-	-	19/3021	•	1,525.
FINANCE MANAGER		1		X	}	}	}	59,686.	0.	1,698.
			\vdash	<u> </u>	\vdash	†-	<u> </u>	93,000		
		1		}			}			
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		<u>L</u>		L,	1_		L		<u> </u>	<u> </u>

Part VII Section A. Officers, Directors, Trus	tees, Key Em	pioy	ees,	and	d Hi	ghes	st C	ompensated Employe	es (continued)			
(A) Name and title	(A) Name and title Name and title Average hours per (do not check more than on box, unless person is both a		าลก	(D) Reportable compensation	(E) Reportable compensation		(F Estim amou	ated nt of				
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee	Ţ.	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC) (oth omper from organiz and re organiz	sation the zation lated
			;									
	 									}		
		-		-								
										1		
										+		
1b Sub-total	*	·				.	—	231,415.).	26	836.
c Total from continuation sheets to Part V	II, Section A						>	0.		2.	26	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wł	o re	231,415. eceived more than \$100		0.	40,	836.
compensation from the organization					_							1
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on	_	Ye	s No
line 1a? If "Yes," complete Schedule J for s	such individual										3	<u> </u>
4 For any individual listed on line 1a, is the si and related organizations greater than \$15			-					•	the organization		4 2	-
5 Did any person listed on line 1a receive or									dual for services			
rendered to the organization? If "Yes," con	plete Schedul	e J 1	or s	uch	pers	son_					5	X
Section B. Independent Contractors 1 Complete this table for your five highest co									#100 000 of			
Complete this table for your five highest compensation for the organization. Report compensation for	=	-								ansau	on iron	ı
(A) Name and business								(B) Description of s		Con	(C)	ition
FISERV PO BOX 300016, DULUTH, G	x 30006.	- N ·	301	1			- 1	CORE PROCESS PROC.	OR, CARD		207	767
FRANKEL MEDIA GROUP, 105	SW 12	5T)	RET	r T				PROC.			301	767.
SUITE 200, NEWBERRY, FL								MARKETING		:	189	699.
DIGITAL INSIGHT	TO 03	0.0	07.	4	۰.	41		******************************			100	711
PO BOX 740641, LOS ANGEL	ES, CA	90	U / 4	4-1	06	41		<u>INTERNET BAN</u>	KING	<u></u>	188	711.
					 -							
Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received n	nore than			0.0015

Form 990 (2016) ALLIANCE CREDIT UNION OF FLORIDA
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			
		5.105K ii GGI (GGG) G GGI)		or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b			i		
	С	Fundraising events	10					1
# F	d	Related organizations	1d					
S, (е	Government grants (contribut	tions) 1e]			
<u> </u>	f	All other contributions, gifts, gran	its, and		1			
돌		similar amounts not included abo			į			
EO	9	Noncash contributions included in lines			1			
3 8	-	Total. Add lines 1a-1f						
				Business Code				
မွ	2 a	INCOME ON LOANS	5	522100	2,568,139.	2,568,139.		
اه څ	b	FEES/CHARGES/MI		522100	982,210.			
SE	С	UNRELATED BUSIN	NESS INC	900099	12,690.		12,690.	
e a	d	UNRELATED BUSIN	NESS INC	524298	10,200.		10,200.	
Program Service Revenue	е							
4	f	All other program service reve	enue					
	g	Total, Add lines 2a-2f			3,573,239.			
}	3	Investment income (including	dividends, intere	est, and	}			
ļ		other similar amounts)		>	89,898.			89,898.
ł	4	Income from investment of ta	x-exempt bond p	proceeds				
i	5	Royalties		> _	<u> </u>	L		
[(ı) Real	(ii) Personal]	,		
}	6 a	Gross rents		ļ	1	1		
}	b	Less rental expenses			1	1		ł
ĺ	C	Rental income or (loss)		L	<u> </u>			
Ì	d	Net rental income or (loss)		,▶	<u> </u>	 		
}	7 a	Gross amount from sales of	(i) Securities	(II) Other	-	1		
ł		assets other than inventory		ļ	1	1		
{	b	Less. cost or other basis		{				ļ
j		and sales expenses		 	1	<u> </u>		
]	C	, ,	L	L	1			
}	d	· ,		, -		ļ		
nue	8 a	Gross income from fundraisin including \$	-		1			
Other Reven		contributions reported on line		Ì		1]
æ		Part IV, line 18	а	S		ļ.		}
돭	b	Less direct expenses	b		7]		
0	c	Net income or (loss) from fun	draising events		7			}
ſ		Gross income from gaming a	-					
}		Part IV, line 19	а	İ				
}	b	Less direct expenses	b	,	7	1		1
1	c	: Net income or (loss) from gar	ning activities	•				
ł		Gross sales of inventory, less	_					
ĺ		and allowances	а	. }	}	1		
}	b	Less cost of goods sold	b	,]			1
1	С	Net income or (loss) from sale	es of inventory	>	<u>L</u>	<u> </u>		
ļ		Miscellaneous Reveni		Business Code	9			
	11 a	·			<u></u>	<u>}</u>		
	b			1				
	c	;						
	d	All other revenue						<u> </u>
ļ	е	Total. Add lines 11a-11d						
	40	Total sevenue See instructions		_	2 662 127	3 EEU 340	22 000	1 00 000

Form 990 (2016) ALLIANCE CREDIT UNION OF FLORIDA
Part IX Statement of Functional Expenses

59-6134207 Page 10

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	<u> </u>
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)		(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic]	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1	· !
_	individuals See Part IV, lines 15 and 16			 	
4	Benefits paid to or for members			 	
5	Compensation of current officers, directors,	250 251		}	
_	trustees, and key employees	258,251.		 	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	693,381.		 	
7	Other salaries and wages	093,301.		 	
8	Pension plan accruals and contributions (include	42 270			
^	section 401(k) and 403(b) employer contributions)	42,378. 198,859.		 	
9	Other employee benefits	89,298.			
10	Payroll taxes Fees for services (non-employees).	03,230.		 	<u></u>
11	Management	}			
a b	Legal	71,060.		 	
C	Accounting	34,500.			
d	Lobbying	J=, J00.		 	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	65,321.			
12	Advertising and promotion	220,792.			
13	Office expenses	344,291.			
14	Information technology	428,385.			
15	Royalties				
16	Occupancy	80,112.			
17	Travel	42,982.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u></u>
19	Conferences, conventions, and meetings	842.			
20	Interest	100,030.			
21	Payments to affiliates	8,141.			
22	Depreciation, depletion, and amortization	113,399.	 		
23	Insurance	55,066.		<u> </u>	
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 0.)				
а	PROVISION FOR LOAN LOSS	542,628.			
b	LOAN SERVICING	271,404.			
C	MISCELLANEOUS	31,344.		ļ	
d	MAINTENANCE	27,571.			<u> </u>
е	All other expenses SEE SCH O	36,258.			
25	Total functional expenses. Add lines 1 through 24e	3,756,293.			
26	Joint costs. Complete this line only if the organization				}
	reported in column (B) joint costs from a combined				<u> </u>
	educational campaign and fundraising solicitation.				
	Check here		I	1	1

59-6134207 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 511,514. 360,244. Cash - non-interest-bearing 1 1 6,377,480. 2 Savings and temporary cash investments 4,311,988. 2 3 Pledges and grants receivable, net 3 28,459. 8.272 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 35,364,724. 33,657,928. 7 Notes and loans receivable, net Inventories for sale or use 8 109,220. 90,490. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 2,344,006. basis. Complete Part VI of Schedule D 10a 1,607,045. 1,656,269. 736,961. b Less accumulated depreciation 10b 10c 96,570. 344,873. Investments - publicly traded securities 11 11 4,959,905. 4,759,006. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 608,188. 534,925. 15 Other assets See Part IV, line 11 15 47,782,960. 47,604,140. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 809,993. Accounts payable and accrued expenses 526,465. 17 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 43,795,497. 43,387,506. 25 Schedule D 44,321,962. 44,197,499. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 3,460,998. 3,406,641. 32 Retained earnings, endowment, accumulated income, or other funds 32 3,460,998. 3,406,641. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 47,782,960. 47,604,140.

STATE CHARTERED CREDIT UNIONS IN FLORIDA Form 990 (2016) ALLIANCE CREDIT UNION OF FLORIDA 59-6134207 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI <u>3,663,137.</u> Total revenue (must equal Part VIII, column (A), line 12) 1 3,756,293. 2 Total expenses (must equal Part IX, column (A), line 25) 2 -93<u>,156.</u> Revenue less expenses. Subtract line 2 from line 1 3 3 3,460,998. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 38,799. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses 7 Prior period adjustments 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 3,406,641. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990 L___ Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis __ Separate basis ___ Consolidated 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 X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

Form **990** (2016)

632012 11-11-16

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.

Inspection

Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. STATE CHARTERED CREDIT UNIONS IN FLORIDA

Employer identification number

	ALLIANCE CREDIT UN		59-6134207
Parl	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lii		
		(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 advised	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Part	II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conservatio	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	e organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	m 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publi	c service, provide the following amounts
	relating to these items	·	-
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
	If the organization received or held works of art, historical tr	reasures, or other similar assets for financial o	
	the following amounts required to be reported under SFAS		• •
	Revenue included on Form 990, Part VIII, line 1	. ,	> \$
	Assets included in Form 990, Part X		\$

		E CREDIT U							34207	
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessing	on, and other record	ds, check	any of t	he following that	are a si	gnificant	use of its	collection it	ems
	(check all that apply)									
а	Public exhibition	C			exchange progra					
ь	Scholarly research	•	• [_](Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Parl	XIII	
5	During the year, did the organization solicit o		-		· •	er sımılar	assets	_	1 . 1	
Do:	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	organiza	ition answered "	Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for d	contribut	ions or other as:	sets not	included	_	٦ .	
	on Form 990, Part X?							<u></u>	Yes	L No
Þ	If "Yes," explain the arrangement in Part XIII and complete the following table:									
									Amount	
C	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year 1e									
f	Ending balance									
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							No		
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Pa	t V Endowment Funds. Complete	the organization a	nswered	"Yes" on	Form 990, Part	IV, line 1	10			
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three	years back	(e) Four ye	ars back
1a	eginning of year balance									
b	Contributions Net investment earnings, gains, and losses Grants or scholarships									
С										
d										
е	Other expenditures for facilities									
	and programs		j		}	Í				
f	Administrative expenses		<u> </u>							
g	End of year balance									
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.									
a										
h	Permanent endowment									
	Temporarily restricted endowment	%								
·	The percentages on lines 2a, 2b, and 2c sho									
2-	· · · · · · · · · · · · · · · · · · ·	•		A b-al						
Ja	Are there endowment funds not in the posse	ssion of the organia	ation tha	t are nei	a ana administe	rea for ti	ne organi	zation	[
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza	•			R?				3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere					, Part X,	line 10			
	Description of property	(a) Cost or		,	ost or other	• •	ccumulat	T T	(d) Book	/alue
		basis (invest	ment)		sis (other)	de	preciation	<u> </u>		
1a	Land	ļ			728,453.					<u>,453.</u>
b	Buildings	<u> </u>		1,	364,969.	!	<u>585,4</u>	30.	779	<u>,539.</u>
c	Leasehold improvements		[
d	Equipment				250,584.		151,5	31.	99	,053.
е	Other .									
Tota	Add lines 1a through 1e. (Column (d) must e	aual Farm 000 Par	t V oolus	an (D) //-	1001				1 607	0.45

Schedule D (Form 990) 2016

STATE CHARTERED CREDIT UNIONS IN FLORIDA Schedule D (Form 990) 2016 59-6134207 Page 3 ALLIANCE CREDIT UNION OF FLORIDA Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other INVESTMENTS IN END-OF-YEAR MARKET VALUE CERTIFICATES OF DEPOSIT 4,327,947. (B) SECFCU CAPITAL SHARES 431,059 COST (D) (E) (F) (G) (H)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 4,759,006 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2)(3)(4)(5) (6)(7) (8)(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3)(4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Þ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes CERTIFICATES OF DEPOSIT 4,275,551 (3) MONEY MARKET 8,062,155 (4) IRAS 1,479,635. (5) SHARE DRAFT 10,229,108. (6) REGULAR SHARES 19,341,057. (7)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

(8)

Schedule D (Form 990) 2016 ALLIANCE CREDIT UNION OF FLORIDA 59-6134207 Page 4 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. 3,663,137. 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. Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d e 2e 3,663,137. Subtract line 2e from line 1 3 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 Other (Describe in Part XIII) 4h 0. c Add lines 4a and 4b 137. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 663 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. 3,756,293. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25 2 Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3,756,293. Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 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 CREDIT UNION IS EXEMPT, BY STATUTE (INTERNAL REVENUE CODE SECTION 501(C)(14), FROM FEDERAL INCOME TAX. THE INCOME TAXES TOPIC OF THE FASB ASC CLARIFIES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REPORTED IN THE FINANCIAL STATEMENTS. THE INTERPRETATION PROVIDES CRITERIA FOR ASSESSMENT OF INDIVIDUAL TAX POSITIONS AND A PROCESS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. TAX POSITIONS ARE EVALUATED ON WHETHER THEY MEET THE "MORE LIKELY THAN NOT" STANDARD FOR SUSTAINABILITY UPON EXAMINATION BY TAX AUTHORITIES. THE CREDIT UNION IS A STATECHARTERED CREDIT UNION AS DEFINED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(14).

AS_SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF INCOME

Schedule D (Form 990) 2016

SCHEDULE J (Form 990)

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

Internal Revenue Service Name of the organization

Department of the Treasury

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. STATE CHARTERED CREDIT UNIONS IN FLORIDA

Inspection **Employer identification number**

59-6134207

OMB No 1545-0047

ALLIANCE CREDIT UNION OF FLORIDA

Part I **Questions Regarding Compensation** Yes No ta 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 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 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. trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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 X 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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: The organization? b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 6 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 a The organization? 6a b Any related organization? 6b 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 not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

ALLIANCE CREDIT UNION OF FLORIDA

Schedule J (Form 990) 2016

59-6134207

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 VIII.

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 W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred		(B)/0-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			∯ 9
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	(ii)							

Schedule J (Form 990) 2016

STATE CHARTERED CREDIT UNIONS IN FLORIDA ALLIANCE CREDIT UNION OF FLORIDA

59-6134207

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 Schedule J (Form 990) 2016

Part III | Supplemental Information

							, ,		

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

632211 08-25-16

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. STATE CHARTERED CREDIT UNIONS IN FLORIDA | Employer identification number

ALLIANCE CREDIT UNION OF FLORIDA	59-6134207
FORM 990, PART VI, SECTION A, LINE 6:	
THE CREDIT UNION HAS MEMBERS	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED FOR 3 YEAR	TERMS BY THE
MEMBERSHIP OF THE CREDIT UNION. ELECTIONS ARE HELD ANNUAL	LLY.
FORM 990, PART VI, SECTION A, LINE 7B:	
MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE	E GOVERNING BODY'S
ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY, AS	S WELL AS OTHER
MATTERS THAT ARE SUBJECT TO THE APPROVAL OF MEMBERS OF TH	HE CREDIT UNION AS
THEY OCCUR.	
FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY MANAGEMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE AUDIT COMMITTEE HAS THE RESPONSIBILITY TO REVIEW ANY	CONFLICT OF
INTEREST DISCLOSURES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE CEO IS SET BY THE BOARD. THEY OB	TAIN SURVEYS
PREPARED BY CUES AND CUNA. THE DATA IS COMPARED AT THE PO	OSITION LEVEL,
INCLUDING FACTORS SUCH AS THE NUMBER OF SERVICES, NUMBER	OF MEMBERS, AND
NUMBER OF LOANS. COMPENSATION IS BASED ON ANALYSIS OF THE	IS DATA. THE CEO
AND COO SET COMPENSATION LEVELS FOR OTHER STAFF MEMBERS 1 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	BASED ON ANALYSIS edule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 9	90-EZ) (2016)				Page 2
Name of the organization	STATE CHARTERED ALLIANCE CREDIT			FLORIDA	Employer identification number 59-6134207
DATA OBTAINED	FROM SURVEYS PR	EPARED BY	CUES AND	CUNA.	
FORM 990, PART	VI, SECTION C,	LINE 19:			
THE CREDIT UNI	ON'S GOVERNING	DOCUMENTS	ARE NOT 1	MADE AVAIL	ABLE TO THE
PUBLIC. THE CE	REDIT UNION'S CO	NFLICT OF	INTEREST	POLICY IS	NOT MADE
AVAILABLE TO 1	THE PUBLIC. THE	CREDIT UN	ION'S FINA	ANCIAL STA	TEMENTS ARE
AVAILABLE FOR	PUBLIC VIEWING	ON THE NC	UA.GOV WE	BSITE VIA	THE QUARTERLY 5300
FILING.					
FORM 990, PART	r IX, LINE 24E,	ALL OTHER	FUNCTION	AL EXPENSE	S:
DEBIT FRAUD					15,054.
LOSS ON OREO					15,000.
MEMBER FEES					6,204.
TOTAL OTHER EX	CPENSES ON FORM	990, PART	IX, LINE	24E, COL	A 36,258.
FORM 990, PART	T XII, LINE 2C				
THERE WERE NO	CHANGES IN THE	PROCESS O	F THE COM	MITTEE THA	T ASSUMES
RESPONSIBILITY	OF THE OVERSIG	HT OF THE	AUDIT AN	D SELECTIO	N OF THE
INDEPENDENT AU	JDITOR.		·		
					
					
					