

**Graham Yaden, PC**  
**Graham - Yaden - Dutton - Pawlowski**  
**1111 Hillcrest Rd Ste 220**  
**MOBILE, AL 36695-3952**  
**251-340-7345**

August 19, 2025

Cloud Communications Alliance, Inc.  
131 NW First Ave  
Delray Beach, FL 33444-2611

Dear Joe:

1. This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.
2. We will prepare your 2024 federal and state corporate tax returns as applicable from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.
3. You are responsible for the safeguarding of assets, the proper recording of transactions in the books of accounts, the substantial accuracy of the financial records, and the full and accurate disclosure of all relevant facts affecting the return(s) to us. You also have final responsibility for the tax return and, therefore, the appropriate officials should review the return carefully before an authorized officer signs and files it.
4. You are responsible for assuming all management responsibilities, and for overseeing any services we provide by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience. In addition, you are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for the results of such services.
5. We may provide you with a questionnaire or other document (s) requesting specific information. Completing those forms will assist us in making sure you are well served for a reasonable fee. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns.
6. Congress and the IRS are aggressively pursuing cryptocurrency activity, reporting and tax situations including mining, sale, barter, etc. By signing below, you accept responsibility for informing us if you believe that you fall into one of the above reporting categories and you agree to provide us with the information necessary to prepare the appropriate forms. We assume no liability for penalties associated with failure to file or untimely filing of any of these forms.
7. If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.
8. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.
9. In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving

your consent.

10. The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

11. The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

12. It is our policy to keep records related to this engagement for the time required by the IRS and applicable state statute (s). However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. By signing this engagement letter, you agree that upon the expiration of the time required by the IRS and applicable state statute (s), we are free to destroy our records related to this engagement.

13. In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

14. In the interest of facilitating our services to you, we may utilize a secure web portal. Your use of this portal must comply with our standards of use, and as owners of the portal we retain the right to limit and deny use of the portal for inappropriate purposes. Files will remain on the portal until the earliest of the following: (1) for no more than one year, (2) until the next return is placed in the portal, or (3) you request their removal. Your access to files maintained on the portal will be terminated no later than 30 days after your or our termination of services under this agreement. All confidential information sent to you or third parties (at your direction), as well as the portal will be password protected. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these devices during this engagement.

15. Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

16. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

17. Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the

disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

18. Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year).

19. In recognition of the risks and benefits of this agreement to the client and the accounting firm, the client and the accounting firm agree on the fair allocation of risk between them. As such, the client agrees to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, cost and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client shall not exceed the accounting firm's total fees for services rendered under this agreement. The client and the accounting firm intend and agree that this limitation apply to any and all liability or cause of actions against the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one year period to bring a claim against the accounting firm for errors and omissions. Any claim arising out of this engagement shall be commenced within one year of the professional's signature on the tax returns covered by this engagement letter. Notwithstanding anything contained herein, both accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into an Accountant's office located in Mobile County, Alabama, USA, and Mobile County, Alabama, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Alabama.

20. We have the right to withdraw from this engagement, in our discretion, if you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

21. We will not communicate or accept communication by text message as this is not a secure method of communication and documents sent by text message are difficult to read or print. Please call the office during normal business hours or email at any time.

22. If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Graham Yaden, PC

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

## Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**CLOUD COMMUNICATIONS ALLIANCE, INC.** **XX-XXXXXX**

**Net Asset / Fund Balance at Beginning of Year** 666,995

**Revenue**

Contributions	<u>485,115</u>
Program service revenue	<u>148,286</u>
Investment income	<u>21,652</u>
Capital gain / loss	_____

Fundraising / Gaming:

Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	<u>0</u>

**Total revenue**

655,053

**Expenses**

Program services	_____
Management and general	_____
Fundraising	_____

**Total expenses**

991,703

**Excess / (deficit)**

-336,650

Changes

**Net Asset / Fund Balance at End of Year**

330,345

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>655,053</u>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>991,703</u>

**Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>695,902</u>	<u>386,550</u>	
Liabilities	<u>28,907</u>	<u>56,205</u>	
Net assets	<u>666,995</u>	<u>330,345</u>	<u>-336,650</u>

**Miscellaneous Information**

Amended return	_____
Return / extended due date	<u>11/17/25</u>
Failure to file penalty	_____

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2024**Open to Public  
Inspection**A For the 2024 calendar year, or tax year beginning**

, and ending

**B Check if applicable:**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization****CLOUD COMMUNICATIONS ALLIANCE, INC.****D Employer identification number****XX-XXXXXX****561-266-8780****Doing business as**

Number and street (or P.O. box if mail is not delivered to street address)

**131 NW FIRST AVE**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**DELRAY BEACH FL 33444-2611****E Telephone number****561-266-8780****561-266-8780****655,053****F Name and address of principal officer:****JOSEPH MARION  
131 NW FIRST AVENUE  
DELRAY BEACH FL 33444-2611****H(a) Is this a group return for subordinates?  Yes  No****H(b) Are all subordinates included?  Yes  No**

If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527**J Website:** **WWW.CLOUDCOMMUNICATIONS.COM****K Form of organization:**  Corporation  Trust  Association  Other**H(c) Group exemption number****L Year of formation: 2011** **M State of legal domicile:****Part I Summary**

**Activities & Governance** 1 Briefly describe the organization's mission or most significant activities:  
**SEE SCHEDULE O**

.....

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  
3 Number of voting members of the governing body (Part VI, line 1a) .....  
4 Number of independent voting members of the governing body (Part VI, line 1b) .....  
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....  
6 Total number of volunteers (estimate if necessary) .....  
7a Total unrelated business revenue from Part VIII, column (C), line 12 .....  
b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....

<b>3</b>	<b>14</b>
<b>4</b>	<b>14</b>
<b>5</b>	<b>0</b>
<b>6</b>	<b>0</b>
<b>7a</b>	<b>0</b>
<b>7b</b>	<b>0</b>

<b>Revenue</b>		Prior Year	Current Year
		<b>496,219</b>	<b>485,115</b>
8 Contributions and grants (Part VIII, line 1h)		<b>175,657</b>	<b>148,286</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>13,426</b>	<b>21,652</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<b>0</b>
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>685,302</b>	<b>655,053</b>

<b>Expenses</b>		Prior Year	Current Year
		<b>496,219</b>	<b>485,115</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>175,657</b>	<b>148,286</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>13,426</b>	<b>21,652</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			<b>0</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>120,000</b>	<b>138,606</b>
b Total fundraising expenses (Part IX, column (D), line 25)	0		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>763,435</b>	<b>853,097</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>883,435</b>	<b>991,703</b>
19 Revenue less expenses. Subtract line 18 from line 12		<b>-198,133</b>	<b>-336,650</b>

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		<b>695,902</b>	<b>386,550</b>
20 Total assets (Part X, line 16)		<b>28,907</b>	<b>56,205</b>
21 Total liabilities (Part X, line 26)		<b>666,995</b>	<b>330,345</b>
22 Net assets or fund balances. Subtract line 21 from line 20			

**Part II Signature Block**

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

**Sign  
Here**

Signature of officer

Date

**JOSEPH MARION****PRESIDENT**

Type or print name and title

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID DUTTON, CPA	DAVID DUTTON, CPA	08/19/25		P00804168
	Firm's name	<b>GRAHAM YADEN, PC</b>		Firm's EIN	<b>20-2976754</b>
	Firm's address	<b>1111 HILLCREST RD STE 220 MOBILE, AL 36695-3952</b>		Phone no.	<b>251-340-7345</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

## Form 990 (2024) CLOUD COMMUNICATIONS ALLIANCE, INC. XX-XXXXXX

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:**SEE SCHEDULE O**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**EDUCATION, RESOURCE SHARING, PROBLEM SOLVING, INDUSTRY ENHANCEMENTS, INFORMATION RESOURCE AND INCREASE CUSTOMER AWARENESS.**

4b (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**N/A**

4c (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**N/A**4d Other program services (Describe on Schedule O.)

(Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

4e Total program service expenses

Form 990 (2024) CLOUD COMMUNICATIONS ALLIANCE, INC. XX-XXXXXX  
Part IV Checklist of Required Schedules

Page 3

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .....	2	X
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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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 donor-restricted endowments or in 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, VII, VIII, IX, or X, as applicable.		
a 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 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 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	X
e 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 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 Schedule D, Parts XI and XII .....	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions .....	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	21	X

Form 990 (2024) CLOUD COMMUNICATIONS ALLIANCE, INC. XX-XXXXXX  
Part IV Checklist of Required Schedules (continued)

Page 4

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ..... 22

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ..... 23

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a ..... 24a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ..... 24b

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ..... 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 24d

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ..... 25a

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ..... 25b

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II ..... 26

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ..... 27

28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV ..... 28c

29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M ..... 29

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ..... 30

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ..... 32

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ..... 33

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ..... 34

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ..... 35a

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ..... 35b

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ..... 36

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ..... 37

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O. ..... 38

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ..... 1a

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ..... 1b

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... 1c

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

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 .....	2a	0		
2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X		
3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	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 any contributions that were not tax deductible as charitable contributions? .....	6a	X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year .....	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9a			
a	Did the sponsoring organization make any taxable distributions under section 4966? .....	9b			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....				
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 .....	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders .....	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a			
a	Is the organization licensed to issue qualified health plans in more than one state? .....				
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	13b			
c	Enter the amount of reserves on hand .....	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X		
If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X		
If "Yes," complete Form 4720, Schedule O.					
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .....	17			
If "Yes," complete Form 6069.					

Form 990 (2024) **CLOUD COMMUNICATIONS ALLIANCE, INC. XX-XXXXXX**

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year ..... **1a 14**

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 on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent ..... **1b 14**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... **2 X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... **3 X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... **4 X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... **5 X**

6 Did the organization have members or stockholders? ..... **6 X**

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 X**

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**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ..... **8a X**

b Each committee with authority to act on behalf of the governing body? ..... **8b X**

9 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 on Schedule O ..... **9 X**

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

10a Did the organization have local chapters, branches, or affiliates? ..... **10a X**

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 X**

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. ..... **12a X**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... **12b X**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... **12c X**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... **13 X**

13 Did the organization have a written whistleblower policy? ..... **14 X**

14 Did the organization have a written document retention and destruction policy? ..... **15 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 ..... **15a X**

b Other officers or key employees of the organization ..... **15b X**

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ..... **16a X**

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? ..... **16b X**

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 X**

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ..... **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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  Upon request  Other (explain on Schedule O)

19 Describe on 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

**JOSEPH MARION  
DELRAY BEACH**

**131 NW 1ST AVENUE**

**FL 33444-2611 561-266-8780**

## Form 990 (2024) CLOUD COMMUNICATIONS ALLIANCE, INC. XX-XXXXXX

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) JOSEPH MARION PRESIDENT	40.00 0.00	X		X					0	0
(2) ANAND BUCH DIRECTOR	0.00 0.00	X						0	0	0
(3) JAMIE HILL DIRECTOR	0.00 0.00	X						0	0	0
(4) MARK IANNUZZI DIRECTOR	0.00 0.00	X						0	0	0
(5) DEAN MANZOORI DIRECTOR	0.00 0.00	X						0	0	0
(6) ARMEN MARTIROSYAN TREASURER	0.00 0.00	X		X				0	0	0
(7) CLARK PETERSON CHAIRMAN	0.00 0.00	X						0	0	0
(8) BERTRAND POURCELOT DIRECTOR	0.00 0.00	X						0	0	0
(9) MICHAEL QUINN SECRETARY	0.00 0.00	X		X				0	0	0
(10) DR ANDREW REILLY VP VENDOR MEMBERS	0.00 0.00	X		X				0	0	0
(11) MATT SIEMENS CHAIRMAN	0.00 0.00	X						0	0	0

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer	Key employee	Highest compensated Employee	Former Officer	Key employee			
(12) MATT TOWNEND	0.00								
(12) DIRECTOR OF EUROPE	0.00	X					0	0	0
(13) GRAHAM WILLIAMS	0.00								
(13) DIRECTOR	0.00	X					0	0	0
(14) SPENCER WOLFE	0.00								
(14) DIRECTOR OF APAC	0.00	X					0	0	0
(15).....									
(16).....									
(17).....									
(18).....									
(19).....									
1b Subtotal .....							138,606		
c Total from continuation sheets to Part VII, Section A .....									
d Total (add lines 1b and 1c) .....							138,606		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

## Form 990 (2024) CLOUD COMMUNICATIONS ALLIANCE, INC. XX-XXXXXX

Page 9

## Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns .....	1a			
	1b Membership dues .....	1b	485,115		
	1c Fundraising events .....	1c			
	1d Related organizations .....	1d			
	1e Government grants (contributions) .....	1e			
	1f All other contributions, gifts, grants, and similar amounts not included above .....	1f			
	1g Noncash contributions included in lines 1a-1f .....	1g	\$		
	<b>h Total.</b> Add lines 1a-1f .....		<b>485,115</b>		
Program Service Revenue		Business Code			
	2a 2024 CLOUD CONNECTIONS .....		85,241	85,241	
	2b 2024 NYC FINANCIAL SUMMIT .....		41,450	41,450	
	2c 2024 EUROPEAN SUMMIT .....		21,595	21,595	
	d .....				
	e .....				
	f All other program service revenue .....				
	<b>g Total.</b> Add lines 2a-2f .....		<b>148,286</b>		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		21,652	21,652	
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6a Gross rents .....	(i) Real	(ii) Personal		
	6b				
	6c				
	<b>d Net rental income or (loss)</b> .....				
	7a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other		
	7b				
	7c				
	<b>d Net gain or (loss)</b> .....				
	8a Gross income from fundraising events (not including \$ .....	8a			
	of contributions reported on line 1c). See Part IV, line 18 .....	8b			
	<b>b Less: direct expenses</b> .....				
	<b>c Net income or (loss) from fundraising events</b> .....				
	9a Gross income from gaming activities. See Part IV, line 19 .....	9a			
	<b>b Less: direct expenses</b> .....	9b			
	<b>c Net income or (loss) from gaming activities</b> .....				
	10a Gross sales of inventory, less returns and allowances .....	10a			
	<b>b Less: cost of goods sold</b> .....	10b			
	<b>c Net income or (loss) from sales of inventory</b> .....				
Miscellaneous Revenue		Business Code			
	11a .....				
	b .....				
	c .....				
	d All other revenue .....				
	<b>e Total.</b> Add lines 11a-11d .....				
	<b>12 Total revenue.</b> See instructions .....		<b>655,053</b>	<b>169,938</b>	0
					0

Form 990 (2024) **CLOUD COMMUNICATIONS ALLIANCE, INC. XX-XXXXXX**  
**Part IX Statement of Functional Expenses**Page **10**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  **X**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) 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 individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	<b>138,606</b>			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	<b>114,802</b>			
c Accounting .....	<b>612</b>			
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O) .....	<b>127,608</b>			
12 Advertising and promotion .....	<b>128,183</b>			
13 Office expenses .....	<b>22,387</b>			
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	<b>952</b>			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>449,901</b>			
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	<b>1,729</b>			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) .....				
a BANK FEES .....	<b>6,096</b>			
b 2023 CREDIT MEMO .....	<b>610</b>			
c TAXES .....	<b>217</b>			
d .....				
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e .....	<b>991,703</b>	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing .....	617,727	1	328,915
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	48,110	4	32,800
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	30,065	9	24,835
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b		10c
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	695,902	16	386,550
Liabilities	17 Accounts payable and accrued expenses .....	18,907	17	489
	18 Grants payable .....		18	
	19 Deferred revenue .....	10,000	19	55,716
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	28,907	26	56,205
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	666,995	27	330,345
	28 Net assets with donor restrictions .....		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	666,995	32	330,345
	<b>33 Total liabilities and net assets/fund balances</b> .....	695,902	33	386,550

Form 990 (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	655,053
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	991,703
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-336,650
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	666,995
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	330,345

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? _____ 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

Employer identification number

**CLOUD COMMUNICATIONS ALLIANCE, INC.****XX-XXXXXX****FORM 990 - ORGANIZATION'S MISSION****THE MEMBERS OF THIS ORGANIZATION ARE COMPANIES THAT PROVIDE HOSTED  
COMMUNICATIONS, PRODUCTS AND SERVICES. CCA WILL PROVIDE EDUCATION,  
PROBLEM-SOLVING, RESOURCE SHARING AND INDUSTRY ENHANCEMENTS TO IT'S  
MEMBERS.****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS  
MEMBER SERVICES****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
990 REVIEWED BY BOARD BEFORE FILED.****FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
NO DOCUMENTS AVAILABLE TO THE PUBLIC****FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES  
DESCRIPTION**

	<b>TOT/PROG SERVICE</b>	<b>MGT &amp; GENERAL</b>	<b>FUNDRAISING</b>
<b>CONSULTING</b>	\$ 125,296	\$ 0	\$ 0
<b>MEMBER SERVICES</b>	\$ 2,312	\$ 0	\$ 0
<b>TOTAL</b>	\$ 127,608	\$ 0	\$ 0

Form 990		Two Year Comparison Report		2023 & 2024
		For calendar year 2024, or tax year beginning _____, ending _____		
Name		Taxpayer Identification Number <b>XX-XXXXXX</b>		
<b>CLOUD COMMUNICATIONS ALLIANCE, INC.</b>				
<b>Revenue</b>	1. Contributions, gifts, grants .....	2023	2024	Differences
	2. Membership dues and assessments .....	<b>496,219</b>	<b>485,115</b>	<b>-11,104</b>
	3. Government contributions and grants .....			
	4. Program service revenue .....	<b>175,657</b>	<b>148,286</b>	<b>-27,371</b>
	5. Investment income .....	<b>13,426</b>	<b>21,652</b>	<b>8,226</b>
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....			
	8. Net income or (loss) from fundraising events .....			
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>685,302</b>	<b>655,053</b>	<b>-30,249</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....	<b>120,000</b>	<b>138,606</b>	<b>18,606</b>
	16. Salaries, other compensation, and employee benefits .....			
	17. Professional fundraising fees .....			
	18. Other professional fees .....	<b>220,035</b>	<b>243,022</b>	<b>22,987</b>
	19. Occupancy, rent, utilities, and maintenance .....			
	20. Depreciation and Depletion .....			
	21. Other expenses .....	<b>543,400</b>	<b>610,075</b>	<b>66,675</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>883,435</b>	<b>991,703</b>	<b>108,268</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-198,133</b>	<b>-336,650</b>	<b>-138,517</b>
	<b>24. Total exempt revenue</b> .....	<b>685,302</b>	<b>655,053</b>	<b>-30,249</b>
<b>Other Information</b>	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	<b>189,083</b>	<b>169,938</b>	<b>-19,145</b>
	27. Total assets .....	<b>695,902</b>	<b>386,550</b>	<b>-309,352</b>
	28. Total liabilities .....	<b>28,907</b>	<b>56,205</b>	<b>27,298</b>
	29. Retained earnings .....	<b>666,995</b>	<b>330,345</b>	<b>-336,650</b>
	30. Number of voting members of governing body .....	<b>14</b>	<b>14</b>	
	31. Number of independent voting members of governing body .....	<b>14</b>	<b>14</b>	
	32. Number of employees .....	<b>0</b>	<b>0</b>	
	33. Number of volunteers	<b>33.</b>		

Form <b>990</b>	<b>Tax Return History</b>				<b>2024</b>
Name					Employer Identification Number <b>XX-XXXXXX</b>
	2020	2021	2022	2023	2024
Contributions, gifts, grants .....	<b>59,461</b>		<b>75,032</b>	<b>496,219</b>	<b>485,115</b>
Membership dues .....	<b>560,165</b>		<b>554,716</b>		
Program service revenue .....				<b>175,657</b>	<b>148,286</b>
Capital gain or loss .....					
Investment income .....				<b>13,426</b>	<b>21,652</b>
Fundraising revenue (income/loss) .....					
Gaming revenue (income/loss) .....					
Other revenue .....					
<b>Total revenue</b> .....	<b>619,626</b>		<b>629,748</b>	<b>685,302</b>	<b>655,053</b>
Grants and similar amounts paid .....					
Benefits paid to or for members .....					
Compensation of officers, etc. .....				<b>120,000</b>	<b>138,606</b>
Other compensation .....					
Professional fees .....	<b>293,519</b>		<b>327,805</b>	<b>220,035</b>	<b>243,022</b>
Occupancy costs .....					
Depreciation and depletion .....					
Other expenses .....	<b>182,694</b>		<b>225,004</b>	<b>543,400</b>	<b>610,075</b>
<b>Total expenses</b> .....	<b>476,213</b>		<b>552,809</b>	<b>883,435</b>	<b>991,703</b>
<b>Excess or (Deficit)</b> .....	<b>143,413</b>		<b>76,939</b>	<b>-198,133</b>	<b>-336,650</b>
 Total exempt revenue .....	<b>619,626</b>		<b>629,748</b>	<b>685,302</b>	<b>655,053</b>
Total unrelated revenue .....					
Total excludable revenue .....				<b>189,083</b>	<b>169,938</b>
Total Assets .....	<b>517,376</b>		<b>991,104</b>	<b>695,902</b>	<b>386,550</b>
Total Liabilities .....	<b>2,236</b>		<b>125,976</b>	<b>28,907</b>	<b>56,205</b>
Net Fund Balances .....	<b>515,140</b>	<b>515,140</b>	<b>865,128</b>	<b>666,995</b>	<b>330,345</b>

**Federal Statements****Taxable Interest on Investments**

Description		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	INCOME	\$ 21,652					
TOTAL		\$ 21,652					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING MEMBER SERVICES	\$ 125,296 2,312	\$ 125,296 2,312	\$	\$
TOTAL	\$ <u>127,608</u>	\$ <u>127,608</u>	\$ <u>0</u>	\$ <u>0</u>