

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)

▶ 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.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

<p>B Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization ECONOMIC DEVELOPMENT COMMISSION OF FLORIDA'S SPACE COAST INC</p> <p>Doing business as</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 6525 3RD STREET 304</p> <p>City or town, state or province, country, and ZIP or foreign postal code ROCKLEDGE, FL 32955</p>	<p>D Employer identification number 59-2946685</p> <p>E Telephone number (321) 638-2000</p> <p>G Gross receipts \$ 2,860,110</p>
<p>F Name and address of principal officer LYNDA WEATHERMAN</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>L Year of formation 1989 M State of legal domicile FL</p>
<p>J Website: ▶ WWW SPACECOASTEDC ORG</p>		
<p>K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		

Part I Summary

1	Briefly describe the organization's mission or most significant activities FOSTER ECONOMIC AND INDUSTRIAL DEVELOPMENT IN BREVARD COUNTY, FLORIDA			
2	Check this box <input type="checkbox"/> 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)	3	162	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	162	
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	16	
6	Total number of volunteers (estimate if necessary)	6	300	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,853,878	1,893,499	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,355,803	942,778	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,708	6,582	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,212,389	2,860,110	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,358,532	1,416,460	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,837,003	1,348,416		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,195,535	2,764,876		
19 Revenue less expenses Subtract line 18 from line 12	16,854	95,234		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	3,448,875	2,841,355	
	22 Net assets or fund balances Subtract line 21 from line 20	2,406,615	1,703,861	
		1,042,260	1,137,494	

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 LYNDA WEATHERMAN PRESIDENT & CEO Type or print name and title	2016-06-29 Date	
Paid Preparer Use Only	Print/Type preparer's name LARK JANES	Preparer's signature LARK JANES	Date 2017-07-20
	Firm's name ▶ LARK JANES CPA LLC		Check <input checked="" type="checkbox"/> if self-employed PTIN P00115966
	Firm's address ▶ 100 RIALTO PLACE STE 720 MELBOURNE, FL 329013002		Firm's EIN ▶ 47-4581983 Phone no (321) 541-1264

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

FOSTER ECONOMIC AND INDUSTRIAL DEVELOPMENT IN BREVARD COUNTY, FLORIDA

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 \$ 2,298,355 including grants of \$) (Revenue \$ 942,778)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,298,355

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did 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	38	Yes	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for question number, question text, and Yes/No response. Includes questions 1a-1b, 2-7b, 8a-8b, and 9.

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

Table with columns for question number, question text, and Yes/No response. Includes questions 10a-10b, 11a-11b, 12a-12c, 13-14, 15a-15b, 16a-16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection
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
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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	_____					
	b Membership dues 1b	_____					
	c Fundraising events 1c	_____					
	d Related organizations 1d	_____					
	e Government grants (contributions) 1e	1,400,050					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	493,449					
	g Noncash contributions included in lines 1a-1f \$	4,086					
	h Total. Add lines 1a-1f ▶		1,893,499				
Program Service Revenue	2a CONTRACTS	Business Code _____	869,443	869,443			
	b MEETINGS AND FUNCTIONS	_____	50,685	50,685			
	c SPONSORSHIPS	_____	22,650	22,650			
	d _____	_____					
	e _____	_____					
	f All other program service revenue	_____					
	g Total. Add lines 2a-2f ▶		942,778				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,082			4,082	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)		2,500			
		d Net gain or (loss) ▶		2,500	2,500		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a _____					
		b Less direct expenses b	_____				
		c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19	a _____					
b Less direct expenses b		_____					
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	a _____						
	b Less cost of goods sold b	_____					
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS	b _____		17,251	17,251			
	c _____						
	d All other revenue	_____					
	e Total. Add lines 11a-11d ▶		17,251				
12 Total revenue. See Instructions ▶		2,860,110	962,529		4,082		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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	306,111	275,500	30,611	
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	849,454	625,208	224,246	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,622	47,222	18,400	
9	Other employee benefits	124,270	100,510	23,760	
10	Payroll taxes	71,003	55,148	15,855	
11	Fees for services (non-employees)				
a	Management				
b	Legal	27,091		27,091	
c	Accounting	20,780		20,780	
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)				
12	Advertising and promotion	130,450	130,450		
13	Office expenses	54,988	11,615	43,373	
14	Information technology	34,656	31,190	3,466	
15	Royalties				
16	Occupancy	112,135	81,859	30,276	
17	Travel	6,843	6,843		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,932	47,932		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,137	13,717	2,420	
23	Insurance	4,407		4,407	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	EXPENSES UNDER GRANTS	831,726	831,726		
b	DATA AND RESEARCH SERVICE	17,673	17,673		
c	BAD DEBT EXPENSES	17,110		17,110	
d	EDUCATION AND TRAINING	14,283	11,094	3,189	
e	All other expenses	12,205	10,668	1,537	
25	Total functional expenses. Add lines 1 through 24e	2,764,876	2,298,355	466,521	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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	163,812	1	269,342	
	2 Savings and temporary cash investments	3,101,531	2	2,324,017	
	3 Pledges and grants receivable, net	74,813	3	48,101	
	4 Accounts receivable, net	63,472	4	93,125	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 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 instructions) Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	23,091	9	31,624	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	149,763			
	10a				
	b Less: accumulated depreciation	84,745	22,156	10c	65,018
	10b				
	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	10,128		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,448,875	16	2,841,355		
Liabilities	17 Accounts payable and accrued expenses	154,352	17	166,786	
	18 Grants payable		18		
	19 Deferred revenue	2,252,263	19	1,537,075	
	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 current and former officers, directors, trustees, 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		
	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		
	26 Total liabilities. Add lines 17 through 25	2,406,615	26	1,703,861	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,042,260	27	1,137,494	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,042,260	33	1,137,494		
34 Total liabilities and net assets/fund balances	3,448,875	34	2,841,355		

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	2,860,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,764,876
3	Revenue less expenses Subtract line 2 from line 1	3	95,234
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,042,260
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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,137,494

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 in 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		No
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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 in Schedule O	Yes	
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 Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 59-2946685

Name: ECONOMIC DEVELOPMENT COMMISSION OF
FLORIDA'S SPACE COAST INC

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	2,298,355	including grants of \$) (Revenue \$	942,778)
ECONOMIC AND INDUSTRIAL DEVELOPMENT IN BREVARD COUNTY, FLORIDA						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WINSTON SCOTT CHAIR ELECT	2 00	X		X				0	0	0
DEBBIE GOODE CHAIR OF THE	2 00	X		X				0	0	0
MARK MIKOLAJCZYK IMMEDIATE PA	2 00	X		X				0	0	0
PHIL HAYES SECRETARY	2 00	X		X				0	0	0
DANA KILBORNE TREASURER	2 00	X		X				0	0	0
GWENDOLYN ANELLO DIRECTOR	1 00	X						0	0	0
MATT ASHLEY DIRECTOR	1 00	X						0	0	0
KRISTIN BAKKE DIRECTOR	1 00	X						0	0	0
JIM BARFIELD DIRECTOR	1 00	X						0	0	0
COURTNEY BARKER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUSTIN BARNHILL DIRECTOR	1 00	X						0	0	0
ARTHUR BECKER DIRECTOR	1 00	X						0	0	0
STEPHANIE BEDNAREK DIRECTOR	1 00	X						0	0	0
BARNEY BISHOP DIRECTOR	1 00	X						0	0	0
DESMOND K BLACKBURN DIRECTOR	1 00	X						0	0	0
R MASON BLAKE DIRECTOR	1 00	X						0	0	0
BONNY BLOCK DIRECTOR	1 00	X						0	0	0
JULIE BRAGA DIRECTOR	1 00	X						0	0	0
THOMAS BRANDON DIRECTOR	1 00	X						0	0	0
LINDA BRANDT DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM BROADWAY DIRECTOR	1 00	X						0	0	0
KIM BROWN DIRECTOR	1 00	X						0	0	0
COLLEEN BROWNE DIRECTOR	1 00	X						0	0	0
PHIL BRYDEN DIRECTOR	1 00	X						0	0	0
SANDRA BURGE DIRECTOR	1 00	X						0	0	0
MARK BUSALACCHI DIRECTOR	1 00	X						0	0	0
WILLIAM CAPOTE DIRECTOR	1 00	X						0	0	0
PAMELA CARROLL DIRECTOR	1 00	X						0	0	0
CHRIS CHAVEZ DIRECTOR	1 00	X						0	0	0
ROZ CLARK DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE COOPER DIRECTOR	1 00	X						0	0	0
ERIK COSTIN DIRECTOR	1 00	X						0	0	0
DALE COXWELL DIRECTOR	1 00	X						0	0	0
CAROL CRAIG DIRECTOR	1 00	X						0	0	0
JOANNE CREECH DIRECTOR	1 00	X						0	0	0
PEGGY CROOKS DIRECTOR	1 00	X						0	0	0
ELLA CROW DIRECTOR	1 00	X						0	0	0
BRIAN CURTIN DIRECTOR	1 00	X						0	0	0
GLEN B DAMES DIRECTOR	1 00	X						0	0	0
BILL DAVIS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG DAY DIRECTOR	1 00	X						0	0	0
CHRISTINE DENTON DIRECTOR	1 00	X						0	0	0
FRANK DIBELLO DIRECTOR	1 00	X						0	0	0
CINDY DITTMER DIRECTOR	1 00	X						0	0	0
CYNTHIA DROPESKI DIRECTOR	1 00	X						0	0	0
NATASHA DURAN DIRECTOR	1 00	X						0	0	0
JARIN EISENBERG DIRECTOR	1 00	X						0	0	0
STEPHANY ELEY DIRECTOR	1 00	X						0	0	0
MICHAEL ENNIS DIRECTOR	1 00	X						0	0	0
DANIEL EVANS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHAWN C FAIRHURST DIRECTOR	1 00	X						0	0	0
JOSH FIELD DIRECTOR	1 00	X						0	0	0
ROBIN FISHER DIRECTOR	1 00	X						0	0	0
BARRY FORBES DIRECTOR	1 00	X						0	0	0
PETER FUSSCAS DIRECTOR	1 00	X						0	0	0
BART GAETJENS DIRECTOR	1 00	X						0	0	0
ERIC GARVEY DIRECTOR	1 00	X						0	0	0
KEVIN GHOLSTON DIRECTOR	1 00	X						0	0	0
CAREY GLEASON DIRECTOR	1 00	X						0	0	0
MICHAEL GRAHAM DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN GREGORY DIRECTOR	1 00	X						0	0	0
GWEN GRIFFIN DIRECTOR	1 00	X						0	0	0
DON GUST DIRECTOR	1 00	X						0	0	0
KIRK HALL DIRECTOR	1 00	X						0	0	0
RICH HALL DIRECTOR	1 00	X						0	0	0
PAUL HANSON DIRECTOR	1 00	X						0	0	0
RANDALL HARRIS DIRECTOR	1 00	X						0	0	0
STEVEN HARRISON DIRECTOR	1 00	X						0	0	0
MICHAEL HARTMAN DIRECTOR	1 00	X						0	0	0
DEBBIE HARVEY DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOSES HARVIN II DIRECTOR	1 00	X						0	0	0
LYNNETTE HENDRICKS DIRECTOR	1 00	X						0	0	0
BILL HENDRICKSON DIRECTOR	1 00	X						0	0	0
DAN HENN DIRECTOR	1 00	X						0	0	0
TOM HERMANSEN DIRECTOR	1 00	X						0	0	0
PACO HERNANDEZ DIRECTOR	1 00	X						0	0	0
JAY HOOD DIRECTOR	1 00	X						0	0	0
DALE HOWLETT DIRECTOR	1 00	X						0	0	0
KARIN JAMISON DIRECTOR	1 00	X						0	0	0
NEAL JOHNSON DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN JOHNSON DIRECTOR	1 00	X						0	0	0
WILLIAM JOHNSON DIRECTOR	1 00	X						0	0	0
CLAUDIA JONES DIRECTOR	1 00	X						0	0	0
ROBERT JORDAN DIRECTOR	1 00	X						0	0	0
JOAN JUNKALA DIRECTOR	1 00	X						0	0	0
WAYNE JUSTICE DIRECTOR	1 00	X						0	0	0
JEFF KIEL DIRECTOR	1 00	X						0	0	0
THOMAS L KIRK DIRECTOR	1 00	X						0	0	0
TAMMY KISER DIRECTOR	1 00	X						0	0	0
DAVID KORNICK DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY KRUEGER DIRECTOR	1 00	X						0	0	0
PHIL KRULL DIRECTOR	1 00	X						0	0	0
LESLIE LAKE DIRECTOR	1 00	X						0	0	0
MICA LAYNE DIRECTOR	1 00	X						0	0	0
BRIAN LIGHTLE DIRECTOR	1 00	X						0	0	0
MARK MALEK DIRECTOR	1 00	X						0	0	0
MISTY MAROT DIRECTOR	1 00	X						0	0	0
JOLEE MARTIN DIRECTOR	1 00	X						0	0	0
MICHELLE MASLINE DIRECTOR	1 00	X						0	0	0
RICK MATTHEWS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH T MAYER DIRECTOR	1 00	X						0	0	0
DAWN MAYS DIRECTOR	1 00	X						0	0	0
TROY MCNICHOLS DIRECTOR	1 00	X						0	0	0
LINDA MIEDEMA DIRECTOR	1 00	X						0	0	0
GEORGE MIKITARIAN DIRECTOR	1 00	X						0	0	0
JASON MILLER DIRECTOR	1 00	X						0	0	0
LAUREN MILLER DIRECTOR	1 00	X						0	0	0
LUKE MIORELLI DIRECTOR	1 00	X						0	0	0
TODD MORLEY DIRECTOR	1 00	X						0	0	0
MARCI MURPHY DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL NEWMAN DIRECTOR	1 00	X						0	0	0
MATT NYE DIRECTOR	1 00	X						0	0	0
J OLIVER DIRECTOR	1 00	X						0	0	0
GARY PALMER DIRECTOR	1 00	X						0	0	0
AMAR PATEL DIRECTOR	1 00	X						0	0	0
JANET PETRO DIRECTOR	1 00	X						0	0	0
RITA PRITCHETT DIRECTOR	1 00	X						0	0	0
TRAVIS PROCTOR DIRECTOR	1 00	X						0	0	0
ROB RAINS DIRECTOR	1 00	X						0	0	0
DINA REIDER-HICKS DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA RICE DIRECTOR	1 00	X						0	0	0
JIM RIDENOUR DIRECTOR	1 00	X						0	0	0
MIKE RUGGIERO DIRECTOR	1 00	X						0	0	0
GILBERT RUSSELL DIRECTOR	1 00	X						0	0	0
JACK RYALS DIRECTOR	1 00	X						0	0	0
JESSICA RYE DIRECTOR	1 00	X						0	0	0
JOHN SAGER DIRECTOR	1 00	X						0	0	0
ROB SALONEN DIRECTOR	1 00	X						0	0	0
JACK SCHLUCKEBIER DIRECTOR	1 00	X						0	0	0
MEL SCOTT DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SELBACH DIRECTOR	1 00	X						0	0	0
REBECCA SHIREMAN DIRECTOR	1 00	X						0	0	0
MICHAEL SJUGGERUD DIRECTOR	1 00	X						0	0	0
COREY SLAVIK DIRECTOR	1 00	X						0	0	0
FORREST SMALLEY DIRECTOR	1 00	X						0	0	0
SUSAN SMITH DIRECTOR	1 00	X						0	0	0
JEN SNELSON DIRECTOR	1 00	X						0	0	0
JULIE K SONG DIRECTOR	1 00	X						0	0	0
SCOTT SORENSEN DIRECTOR	1 00	X						0	0	0
JASON STANLEY DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW SUSIN DIRECTOR	1 00	X						0	0	0
VINNIE TARANTO DIRECTOR	1 00	X						0	0	0
AARON THALWITZER DIRECTOR	1 00	X						0	0	0
JOHN THOMAS DIRECTOR	1 00	X						0	0	0
STEPHEN THOMAS DIRECTOR	1 00	X						0	0	0
EMMANUEL TORMES DIRECTOR	1 00	X						0	0	0
WEIMAR TUDELA DIRECTOR	1 00	X						0	0	0
TODD TWACHTMANN DIRECTOR	1 00	X						0	0	0
AMANDA TYNAN DIRECTOR	1 00	X						0	0	0
DAVID J VOLK DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABRAM WALTON DIRECTOR	1 00	X						0	0	0
KEN WELSH DIRECTOR	1 00	X						0	0	0
LYNN WHELPLEY DIRECTOR	1 00	X						0	0	0
JACQUELYN WHITTAKER DIRECTOR	1 00	X						0	0	0
KEN WHITTAKER DIRECTOR	1 00	X						0	0	0
LISA WILDER DIRECTOR	1 00	X						0	0	0
BILL WILLIAMS DIRECTOR	1 00	X						0	0	0
MICHAEL WILLIAMS DIRECTOR	1 00	X						0	0	0
PETER WOODS DIRECTOR	1 00	X						0	0	0
JACKSON YOUNG DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURA YOUNG DIRECTOR	1 00	X						0	0	0
RICHARD YOUNT DIRECTOR	1 00	X						0	0	0
LYNDA WEATHERMAN PRESIDENT &	40 00			X				241,625	0	46,785
GREG WEINER SR DIR BUSIN	40 00					X		112,844	0	27,265
TRUDY MCCARTHY SR DIR MARKE	40 00					X		109,318	0	34,048

**SCHEDULE C
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

**Open to Public
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization ECONOMIC DEVELOPMENT COMMISSION OF FLORIDA'S SPACE COAST INC	Employer identification number 59-2946685
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a) Filing organization's totals****(b) Affiliated group totals****1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? **Y e s** **N o****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
ECONOMIC DEVELOPMENT COMMISSION OF FLORIDA'S SPACE COAST INC
Employer identification number
59-2946685

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic 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 conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Table with 2 columns: Description (1c-1f) and Amount

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Small table for 3a(i), 3a(ii), 3b with Yes/No columns.

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (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
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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.

1. (a) Description of liability	(b) Book value
Federal income taxes	
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

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.

1	Total revenue, gains, and other support per audited financial statements		1	2,894,110
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	34,000	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	34,000
3	Subtract line 2e from line 1		3	2,860,110
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,860,110

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,798,876
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	34,000	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	34,000
3	Subtract line 2e from line 1		3	2,764,876
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,764,876

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.

Return Reference	Explanation
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ECONOMIC DEVELOPMENT COMMISSION OF FLORIDA'S SPACE COAST INC

Employer identification number
59-2946685

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>		No								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 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:</p> <p>a Receive a severance payment or change-of-control payment?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>										
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>										
<p>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:</p> <p>a The organization?</p>										
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>										
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>										
<p>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.</p>										
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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 are not listed on Form 990, Part VII.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LYNDA WEATHERMAN PRESIDENT & CEO	(i)	187,825 -----	43,000 -----	10,800 -----	37,864 -----	10,483 -----	288,410 -----	-----
	(ii)							

Part III **Supplemental Information**

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.

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
ECONOMIC DEVELOPMENT COMMISSION OF
FLORIDA'S SPACE COAST INC**Employer identification number**

59-2946685

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	MEMBERS OF THE BOARD OF DIRECTORS AND OTHERS IN THE COMMUNITY, TOTALING 300 VOLUNTEERS, PROVIDED SERVICE DURING FISCAL 2015-2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT OF THE FORM 990 AND REQUIRED ATTACHMENTS IS PRESENTED TO THE FINANCE COUNCIL AND SENIOR EDC STAFF BY THE CPA PREPARING THE RETURN, PRIOR TO FILING THE FINANCE COUNCIL APPROVES THE RETURN FOR FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	PRIOR TO A VOTE FOR ACTION BY THE EDC WHICH MAY RESULT IN A CONFLICT OF INTEREST, MEMBERS ARE ASKED TO IDENTIFY ANY POTENTIAL CONFLICT RELATED TO THE ITEM IF A CONFLICT IS PRESENT , THEY ARE ASKED TO DISMISS THEMSELVES FROM THE DISCUSSION/VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	PRESIDENTS REVIEW COMMITTEE EACH YEAR, A COMMITTEE OF AT LEAST FOUR SHALL BE SELECTED BY THE IMMEDIATE PAST CHAIRMAN OF THE BOARD TO REVIEW THE PRESIDENTS PERFORMANCE AND RECOMMEND ADJUSTMENTS TO THE PRESIDENTS COMPENSATION PACKAGE THE COMMITTEE SHALL BE CHAIRED BY THE IMMEDIATE PAST CHAIRMAN OF THE BOARD OF THE EDC AND SHALL INCLUDE THE CURRENT CHAIRMAN OF THE BOARD THE REMAINDER SHALL BE COMPOSED OF PREVIOUS CHAIRPERSONS OF THE EDC A SALARY COMPARISON/BENCHMARK OF AREA ECONOMIC DEVELOPMENT ORGANIZATIONS WILL BE CONDUCTED AS REQUESTED BY THE IMMEDIATE PAST CHAIRMAN OF THE BOARD, AT MINIMUM, EVERY 3 YEARS CONSIDERATIONS FOR THE COMPARABLE ORGANIZATIONS SHALL INCLUDE BUDGET, STAFF SIZE AND COMPETITIVE POSITION PRIOR TO THE FIRST MEETING, A PERFORMANCE QUESTIONNAIRE SHALL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE MEMBERS REQUESTING FEEDBACK REGARDING THE PRESIDENTS PERFORMANCE FOR THE YEAR THIS WILL SERVE AS A BASIS FOR REVIEW DISCUSSIONS AND DEVELOPMENT OF ANNUAL GOALS RESPONSES WILL BE DIRECTED TO THE IMMEDIATE PAST CHAIRMAN OF THE BOARD OR HIS DESIGNEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	STAFF SALARY REVIEWS STAFF SALARIES ARE REVIEWED ANNUALLY AND ADJUSTED BASED ON PERFORMANCE, LEVEL OF RESPONSIBILITIES, AND SALARY COMPARISONS THE PRESIDENT & CEO APPROVES ALL SALARIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CORPORATE POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE EDC'S OFFICE