

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/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

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

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
 6525 3RD STREET NO 304

City or town, state or province, country, and ZIP or foreign postal code
 ROCKLEDGE, FL 32955

D Employer identification number
 59-2946685

E Telephone number
 (321) 638-2000

G Gross receipts \$ 2,527,403

F Name and address of principal officer
 LYNDA WEATHERMAN
 6525 3RD STREET NO 304
 ROCKLEDGE, FL 32955

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)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: ▶ WWW SPACECOASTEDC.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1989

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 TO PROMOTE AND FOSTER ECONOMIC AND INDUSTRIAL DEVELOPMENT IN BREVARD COUNTY, FLORIDA

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)	170
4 Number of independent voting members of the governing body (Part VI, line 1b)	170
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	17
6 Total number of volunteers (estimate if necessary)	320
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,657,935	2,404,412
9 Program service revenue (Part VIII, line 2g)	90,660	117,550
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,842	4,212
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,082	1,229
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,754,519	2,527,403
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,469,496	1,480,498
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,204,232	890,606
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,673,728	2,371,104
19 Revenue less expenses Subtract line 18 from line 12	80,791	156,299

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,565,964	2,710,063
21 Total liabilities (Part X, line 26)	1,347,679	1,335,479
22 Net assets or fund balances Subtract line 21 from line 20	1,218,285	1,374,584

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 2019-08-14
 LYNDA WEATHERMAN PRESIDENT & CEO
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name LAUREN BALLARD CPA	Preparer's signature LAUREN BALLARD CPA	Date 2019-08-13	Check <input type="checkbox"/> if self-employed	PTIN P01451787
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746479	
Firm's address ▶ 402 SOUTH KENTUCKY AVENUE SUITE 600 LAKELAND, FL 338015354			Phone no (863) 680-5600	

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

TO PROMOTE AND FOSTER ECONOMIC AND INDUSTRIAL DEVELOPMENT IN BREVARD COUNTY, FLORIDA BY PROMOTING AND IMPLEMENTING ECONOMIC PROGRAMS DESIGNED TO BOTH STRENGTHEN AND EXPAND INCOME POTENTIAL OF ALL BUSINESSES WITHIN THE TRADE AREA

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 \$)
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 ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
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>		
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>		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>		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>		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>		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>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		
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>		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	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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (170), 1b (170), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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	489,000				
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,915,412				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			2,404,412			
Program Service Revenue		Business Code					
	2a MEETINGS AND FUNCTIONS	900099	55,435	55,435			
	b PUBLICATIONS & STUDIES	900099	42,270	42,270			
	c PROGRAM SPONSORSHIPS	900099	19,845	19,845			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			117,550				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,212			4,212	
	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)					
		d Net gain or (loss)					
	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 INCOME	900099	1,229			1,229		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			1,229				
12 Total revenue. See Instructions			2,527,403	117,550	0	5,441	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	659,398			
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	561,874			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,570			
9 Other employee benefits	119,618			
10 Payroll taxes	71,038			
11 Fees for services (non-employees)				
a Management				
b Legal	1,755			
c Accounting	17,250			
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)	39,482			
12 Advertising and promotion	112,568			
13 Office expenses	26,674			
14 Information technology	49,208			
15 Royalties				
16 Occupancy	126,981			
17 Travel	4,575			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,305			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,472			
23 Insurance	4,624			
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	409,441			
b BAD DEBT EXPENSE	23,750			
c EDUCATION & TRAINING	10,701			
d ASSOCIATION DUES	4,039			
e All other expenses	8,781			
25 Total functional expenses. Add lines 1 through 24e	2,371,104			
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	125,373	1	211,712
	2 Savings and temporary cash investments	2,221,159	2	2,244,554
	3 Pledges and grants receivable, net	61,341	3	67,436
	4 Accounts receivable, net	98,722	4	125,125
	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	3,277	9	9,616
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 137,738		
	b Less accumulated depreciation	10b 96,246	45,964	10c 41,492
	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	10,128	15	10,128
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,565,964	16	2,710,063	
Liabilities	17 Accounts payable and accrued expenses	146,924	17	156,284
	18 Grants payable		18	
	19 Deferred revenue	1,200,755	19	1,179,195
	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	1,347,679	26	1,335,479
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,218,285	27	1,374,584
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	1,218,285	33	1,374,584
	34 Total liabilities and net assets/fund balances	2,565,964	34	2,710,063

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	2,527,403
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,371,104
3	Revenue less expenses Subtract line 2 from line 1	3	156,299
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,218,285
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,374,584

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>		No
<p>b 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</p>	Yes	
<p>c 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</p>	Yes	
<p>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?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 59-2946685

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

Form 990 (2017)

Form 990, Part III, Line 4a:

THE ECONOMIC DEVELOPMENT COMMISSION OF FLORIDA'S SPACE COAST IS AN INNOVATIVE, COUNTYWIDE, NOT-FOR-PROFIT WORKING CLOSELY WITH THE SPACE COAST BUSINESS COMMUNITY, BUSINESS LEADERS, CHAMBERS OF COMMERCE, LOCAL AND STATE GOVERNMENT LEADERS, AND COMMUNITY ORGANIZATIONS THE EDC IS DEDICATED TO ATTRACTING NEW BUSINESS AND INVESTMENT AND EXPANDING EXISTING INDUSTRY THROUGHOUT THE SPACE COAST, ADVOCATING FOR POSITIVE BUSINESS POLICIES, PROMOTING THE SPACE COAST TO ENCOURAGE NEW BUSINESS INVESTMENT, SUPPORTING EFFORTS OF SPACE COAST MILITARY INSTALLATIONS, AND DEVELOPING PROGRAMS TO ASSIST MANUFACTURING AND HIGH TECH COMPANIES (CONTINUED ON SCHEDULE O)THE EDC GUIDES ITS PROGRAM OF WORK WITHIN THREE PRIMARY STRATEGIC PRIORITIES 1 MAINTAIN A TARGETED INDUSTRY FOCUS CONCENTRATING EFFORTS ON FIVE KEY INDUSTRIES THAT SERVE AS CORE DRIVERS OF ECONOMY AEROSPACE AND AVIATION, ADVANCED COMMUNICATIONS, ELECTRONICS, HOMELAND SECURITY AND DEFENSE, AND EMERGING TECHNOLOGIES 2 ADVOCATE FOR A COMPETITIVE BUSINESS ENVIRONMENT3 ENGAGE COMMUNITY LEADERS AND ELECTED OFFICIALS, ENABLING THESE LEADERS TO SERVE AS ECONOMIC DEVELOPMENT ADVOCATES THROUGHOUT THE COMMUNITY DURING THE FISCAL YEAR NINE (9) PROJECTS CELEBRATED GRAND OPENINGS AND/OR HIRING EVENTS THE EDC HELD ITS 5TH ANNUAL MADE IN BREVARD EXPO, WHICH WAS THE 2ND CONSECUTIVE YEAR THE EXPO WAS OPEN TO THE PUBLIC OVER 400 ATTENDEES EXPERIENCED LOCAL MANUFACTURING FROM OVER 40 SPACE COAST COMPANIES G O CONTRACTS CONNECTS BUSINESSES TO AN ENHANCED GOVERNMENT CONTRACTING DATABASE FOCUSED ON CUSTOMIZED CONTENT AND OPPORTUNITIES SINCE ITS INCEPTION IN 2013, COMPANIES PARTICIPATING IN THE PROGRAM HAVE BEEN AWARDED 91 CONTRACTS TOTALING MORE THAN \$50 MILLION IN VALUE THE EDC LIVE BIG SPACE COAST CAMPAIGN ATTRACTS TOP TALENT TO SUPPORT THE WORKFORCE PIPELINE NEEDS OF LOCAL INDUSTRY THE EDC COMMISSIONED A SURVEY TO GAUGE LOCAL PARENTS' PERCEPTION OF MANUFACTURING RESULTS HAVE GUIDED THE PROGRAM OF WORK SUPPORTING MANUFACTURING TRAINING AND WORKFORCE PIPELINE THE EDC'S RESEARCH OFFICE PRODUCED AN ECONOMIC IMPACT STUDY FOR NASA, REPORTING ON THE LOCAL REGIONAL AND STATE IMPACT OF KENNEDY SPACE CENTER BASED OPERATIONS

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			
PHILLIP HAYES CHAIR	1 00	X		X				0	0	0
DANA KILBORNE CHAIR ELECT	1 00	X		X				0	0	0
JOE T MAYER TREASURER	1 00	X		X				0	0	0
JULIE K SONG SECRETARY	1 00	X		X				0	0	0
WINSTON SCOTT IMMEDIATE PAST CHAIR	1 00	X		X				0	0	0
ROBERT F ADAMS DIRECTOR	1 00	X						0	0	0
GWENDOLYN ANELLO DIRECTOR	1 00	X						0	0	0
MIKE ARTELLI DIRECTOR	1 00	X						0	0	0
MATT ASHLEY DIRECTOR	1 00	X						0	0	0
JEFF BAILEY DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
JUSTIN BARNHILL DIRECTOR	1 00	X						0	0	0
JASON BARTLETT 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
CHARLES R BERRY 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

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LEAH BLACKMORE DIRECTOR	1 00	X						0	0	0
JERI BLANCO DIRECTOR	1 00	X						0	0	0
JEAN ANN BOWMAN 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
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
SANDRA BURGE DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK F BUSALACCHI DIRECTOR	1 00	X						0	0	0
HOLLY CARVER DIRECTOR	1 00	X						0	0	0
LAURA CHIESMAN DIRECTOR	1 00	X						0	0	0
DANIEL CIURO DIRECTOR	1 00	X						0	0	0
ROZ CLARK DIRECTOR	1 00	X						0	0	0
CHRIS CONNEEN DIRECTOR	1 00	X						0	0	0
WAYNE COOPER DIRECTOR	1 00	X						0	0	0
ERIK COSTIN DIRECTOR	1 00	X						0	0	0
BRIAN CURTIN DIRECTOR	1 00	X						0	0	0
BILL DAVIS DIRECTOR	1 00	X						0	0	0

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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
ANGELICA DELUCCIA MORRISSEY 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
GLENN DUNCAN 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
JOSH FIELD DIRECTOR	1 00	X						0	0	0
ROBIN FISHER DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AL FORBES 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
DEBBIE GOODE DIRECTOR	1 00	X						0	0	0
KYLE GRAHAM 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN GUTIERREZ 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
RANDALL HARRIS DIRECTOR	1 00	X						0	0	0
DEBBIE HARVEY DIRECTOR	1 00	X						0	0	0
KAREN HEIRD 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
STEVEN R 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			
JOHN HOFFER DIRECTOR	1 00	X						0	0	0
WYATT HOOVER DIRECTOR	1 00	X						0	0	0
GORDY HOUSER DIRECTOR	1 00	X						0	0	0
TIMOTHY HUDSPETH DIRECTOR	1 00	X						0	0	0
TREY HUY DIRECTOR	1 00	X						0	0	0
TRUDIE INFANTINI DIRECTOR	1 00	X						0	0	0
WALTER JACKIM DIRECTOR	1 00	X						0	0	0
NEAL JOHNSON DIRECTOR	1 00	X						0	0	0
STEPHEN JOHNSON DIRECTOR	1 00	X						0	0	0
WILLIAM 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			
CLAUDIA JONES DIRECTOR	1 00	X						0	0	0
LYNN JONES DIRECTOR	1 00	X						0	0	0
WAYNE E JUSTICE DIRECTOR	1 00	X						0	0	0
JEFF KIEL DIRECTOR	1 00	X						0	0	0
ROBERT KLEIN DIRECTOR	1 00	X						0	0	0
DAVID KORNICK DIRECTOR	1 00	X						0	0	0
GARY H KREISLER DIRECTOR	1 00	X						0	0	0
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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL LAPIDUS DIRECTOR	1 00	X						0	0	0
NEIL LEVINE DIRECTOR	1 00	X						0	0	0
TREVOR LEWIS DIRECTOR	1 00	X						0	0	0
BRIAN LIGHTLE DIRECTOR	1 00	X						0	0	0
ELISABETH LOGAN DIRECTOR	1 00	X						0	0	0
JONI C LUCE DIRECTOR	1 00	X						0	0	0
JORDAN LUHN DIRECTOR	1 00	X						0	0	0
MARK MALEK DIRECTOR	1 00	X						0	0	0
BEN MALIK DIRECTOR	1 00	X						0	0	0
CHRISTOPHER MAROT DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICK MATTHEWS DIRECTOR	1 00	X						0	0	0
DAWN MAYS DIRECTOR	1 00	X						0	0	0
SCOTT MCCALLUM DIRECTOR	1 00	X						0	0	0
STEPHANIE B MCLOUGHLIN DIRECTOR	1 00	X						0	0	0
CARLA M MCRAE DIRECTOR	1 00	X						0	0	0
LINDA MIEDEMA DIRECTOR	1 00	X						0	0	0
MARK MIKOLAJCZYK DIRECTOR	1 00	X						0	0	0
JASON W MILLER DIRECTOR	1 00	X						0	0	0
KRISTA MILLER DIRECTOR	1 00	X						0	0	0
LAUREN MILLER 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 MINTON YOUNG 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
GARY NEAL DIRECTOR	1 00	X						0	0	0
JOLYNN NELSON DIRECTOR	1 00	X						0	0	0
PAUL NEWMAN DIRECTOR	1 00	X						0	0	0
JOHN COLE OLIVER DIRECTOR	1 00	X						0	0	0
RAMONA OSBURN DIRECTOR	1 00	X						0	0	0
GARY PALMER DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRENT PEOPLES DIRECTOR	1 00	X						0	0	0
JANET PETRO DIRECTOR	1 00	X						0	0	0
DANIEL PIERRON DIRECTOR	1 00	X						0	0	0
TODD POKRYWA DIRECTOR	1 00	X						0	0	0
DAN POLLOCK DIRECTOR	1 00	X						0	0	0
TRAVIS PROCTOR DIRECTOR	1 00	X						0	0	0
ROBERT RAINS DIRECTOR	1 00	X						0	0	0
DINA REIDER-HICKS DIRECTOR	1 00	X						0	0	0
JIM RIDENOUR DIRECTOR	1 00	X						0	0	0
JENNIFER ROGERS DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY M ROMERO DIRECTOR	1 00	X						0	0	0
WENDY ROMEU DIRECTOR	1 00	X						0	0	0
ANDY ROMINE DIRECTOR	1 00	X						0	0	0
HAL ROSE DIRECTOR	1 00	X						0	0	0
KATHRYN RUDLOFF 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
ROBERT SALONEN DIRECTOR	1 00	X						0	0	0

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KIMBERLY SANTIAGO DIRECTOR	1 00	X						0	0	0
SCOTT SCHMIDT DIRECTOR	1 00	X						0	0	0
MEL SCOTT DIRECTOR	1 00	X						0	0	0
LEAH SELIG DIRECTOR	1 00	X						0	0	0
MICHAEL SJUGGERUD DIRECTOR	1 00	X						0	0	0
FORREST SMALLEY DIRECTOR	1 00	X						0	0	0
CURT SMITH DIRECTOR	1 00	X						0	0	0
LYNN SMITH DIRECTOR	1 00	X						0	0	0
SCOTT SORENSEN DIRECTOR	1 00	X						0	0	0
BILLY SPECHT DIRECTOR	1 00	X						0	0	0

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NATASHA CARTAGENA SPENCER DIRECTOR	1 00	X						0	0	0
JASON C STANLEY DIRECTOR	1 00	X						0	0	0
TODD J STARKEY DIRECTOR	1 00	X						0	0	0
LINDA STOUT DIRECTOR	1 00	X						0	0	0
SEAN STRADTNER DIRECTOR	1 00	X						0	0	0
MATTHEW SUSIN DIRECTOR	1 00	X						0	0	0
STEPHEN C THOMAS DIRECTOR	1 00	X						0	0	0
JOHN TICE DIRECTOR	1 00	X						0	0	0
EMMANUEL TORMES DIRECTOR	1 00	X						0	0	0
TODD TWACHTMANN DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMANDA TYNAN DIRECTOR	1 00	X						0	0	0
MATTHEW VAZQUEZ DIRECTOR	1 00	X						0	0	0
DAVID J VOLK DIRECTOR	1 00	X						0	0	0
ABRAM WALTON DIRECTOR	1 00	X						0	0	0
KEN WELSH DIRECTOR	1 00	X						0	0	0
BRADLEY WHITE 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 D WOODS DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYNDA WEATHERMAN PRESIDENT & CEO	45 00			X				284,661	0	57,485
GREGORY WEINER SENIOR DIRECTOR BUSINESS DEVELOPMENT	45 00					X		113,025	0	33,689
TRUDY MCCARTHY SENIOR DIRECTOR OF MARKETING AND STRATEGIC INITIAT	45 00					X		115,810	0	46,503

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

OMB No 1545-0047

2017

Open to Public Inspection

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
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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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
2017
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)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, 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
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		34,987	4,665	30,322
d Equipment		76,902	65,732	11,170
e Other		25,849	25,849	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				41,492

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	2,556,501
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	29,098	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	29,098
3	Subtract line 2e from line 1		3	2,527,403
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	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,527,403

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

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

1	Total expenses and losses per audited financial statements		1	2,400,202
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	29,098	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	29,098
3	Subtract line 2e from line 1		3	2,371,104
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	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,371,104

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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 59-2946685

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE COMMISSION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2017

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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>	1b				
<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>	2				
<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a		No		
	4b		No		
	4c		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>	5a				
	5b				
<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>	6a				
	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7				
<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>	8				
<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>	9				

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 L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ECONOMIC DEVELOPMENT COMMISSION OF FLORIDA'S SPACE COAST INC	Employer identification number 59-2946685
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRANDT RONAT & COMPANY	ENTITY MORE THAN 35% OWNED BY BOARD MEMBER LINDA BRANDT	58,693	\$45,218 MARKETING DESIGN AND STRATEGY SERVICES, WEBSITE DESIGN, MEDIA PLACEMENT \$13,475 DIRECT MEDIA BUYS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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, PART VI, SECTION A, LINE 1	AN EXECUTIVE COMMITTEE, A SUBSET OF THE BOARD OF DIRECTORS HAS CHARGE OF THE ROUTINE BUSINESS AFFAIRS OF THE EDC DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL DELIBERATE UPON AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS ON ALL MAJOR MATTERS CONCERNING THE EDC'S BUSINESS AND OPERATION ACTIVITIES OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO AND RATIFIED BY THE BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEDULED MEETING THE EXECUTIVE COMMITTEE MEMBERSHIP AND APPOINTMENTS ARE GUIDED BY THE CORPORATE BY-LAWS A BI-ANNUAL ELECTION PROCESS ENABLES REPRESENTATIVES FROM THE INVESTOR BASE TO BE APPOINTED TO THE EXECUTIVE COMMITTEE GOVERNING DOCUMENTS, CORPORATE POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE EDC'S OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE EDC SHALL HAVE SEVEN (7) CLASSES OF MEMBERSHIP AS FOLLOWS GOVERNOR'S LEVEL, LEADERSHIP LEVEL, BOARD OF ADVISOR LEVEL, CORPORATE LEVEL, CHAIRMAN LEVEL, AMBASSADOR LEVEL, PATRON LEVEL ANY INDIVIDUAL OR ORGANIZATION THAT PAYS DUES AND AGREES TO BE BOUND BY THE ARTICLES OF INCORPORATION, THE BYLAWS, AND SUCH RULES AND REGULATIONS AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME ADOPT IS ELIGIBLE FOR MEMBERSHIP IN THE EDC ONLY INDIVIDUALS, SOLE PROPRIETORS, LOCAL CHAMBERS OF COMMERCE AND NOT-FOR-PROFIT ORGANIZATIONS MAY BE PATRON LEVEL MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS MEMBERSHIP AND APPOINTMENTS ARE GUIDED BY THE CORPORATE BY-LAWS A BI-ANNUAL ELECTION PROCESS ENABLES REPRESENTATIVES FROM THE INVESTOR BASE TO BE APPOINTED TO THE BORAD OF DIRECTORS GOVERNING DOCUMENTS, CORPORATE POLICIES, AND FINANCIAL STATEMEN TS ARE AVAILABLE UPON REQUEST AT THE EDC'S OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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 THE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANY DIRECTOR VOTING UPON A MEASURE BEFORE THE BOARD OF DIRECTORS IN WHICH HE OR SHE HAS A PERSONAL, PRIVATE OR PROFESSIONAL INTEREST AND WHICH INURES TO HIS OR HER SPECIAL PRIVATE GAIN, OR THE SPECIAL GAIN OF ANY PRINCIPAL BY WHOM HE OR SHE IS RETAINED, SHALL PRIOR TO SUCH VOTE DISCLOSE THE NATURE OF HIS INTEREST TO THE BOARD OF DIRECTORS AND WITH THE PERSON RESPONSIBLE FOR RECORDING THE MINUTES, WHO SHALL INCORPORATE THE DISCLOSURE IN THE MINUTES AN INTERESTED DIRECTOR MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OF DIRECTORS IN THE EVENT A BOARD MEMBER BECOMES AWARE OF AN UNDECLARED CONFLICT OF INTEREST UPON A MATTER PREVIOUSLY VOTED UPON BY THE BOARD MEMBER, THEY SHOULD IMMEDIATELY FILE WITH THE SECRETARY OF THE EDC A WRITTEN STATEMENT REGARDING THE NATURE OF THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	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 WILL BE CONDUCTED AT MINIMUM, EVERY THREE YEARS (LAST COMPLETED IN SEPTEMBER 2018) A PERFORMANCE QUESTIONNAIRE SHALL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE MEMBERS REQUESTING FEEDBACK REGARDING THE PRESIDENTS PERFORMANCE FOR THE YEAR

990 Schedule O, Supplemental Information

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