

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input 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	C Name of organization ENTERPRISE FLORIDA, INC.		D Employer identification number 59-3165226
	Doing business as		E Telephone number 407-956-5600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	800 NORTH MAGNOLIA AVE., SUITE 1100		G Gross receipts \$ 22,550,410.
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: JAMALL SOWELL SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.EFLORIDA.COM		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1996	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENTERPRISE FLORIDA, INC. ("EFI") ACCOMPLISHES ITS MISSION OF FACILITATING JOB GROWTH FOR FLORIDA'S		
	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	65
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	65
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	107
	6 Total number of volunteers (estimate if necessary)	6	65
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,000.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,312,929.	20,641,588.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,592,383.	1,730,805.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,788.	178,017.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,003,100.	22,550,410.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,633,753.	10,565,074.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	5,920,322.	6,218,656.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,932,221.	11,946,805.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,486,296.	28,730,535.
19 Revenue less expenses. Subtract line 18 from line 12	4,516,804.	-6,180,125.	
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)	201,555,153.	177,756,518.
	22 Net assets or fund balances. Subtract line 21 from line 20	123,272,682.	105,654,172.
		78,282,471.	72,102,346.

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
	ROBERT SCHLOTMAN, CHIEF OPERATING OFFICER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ALISA P. TRAIN	Preparer's signature	Date
	Firm's name CHERRY BEKAERT LLP	Firm's EIN 56-0574444	Check if self-employed <input type="checkbox"/> PTIN P00633872
Firm's address 800 N. MAGNOLIA AVE., SUITE 1300 ORLANDO, FL 32803		Phone no. (407) 423-7911	

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 [X]

1 Briefly describe the organization's mission: TO FACILITATE JOB GROWTH FOR FLORIDA'S BUSINESSES AND CITIZENS LEADING TO A VIBRANT STATEWIDE ECONOMY.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,821,914. including grants of \$ 751,836.) (Revenue \$ 1,109,044.) INTERNATIONAL TRADE AND DEVELOPMENT - FOCUSES ON INTERNATIONAL TRADE PROGRAMS TO EXPAND THE NUMBER OF FLORIDA COMPANIES EXPORTING FLORIDA PRODUCTS AND SERVICES. IT COORDINATES EVENTS FOR MARKETING AND PROMOTION OF FLORIDA FOR TRADE AND INVESTMENT. IT ALSO MANAGES KEY INTERNATIONAL RELATIONSHIPS TO IMPROVE FLORIDA'S INTERNATIONAL BUSINESS AND GLOBAL REPUTATION IN THE FOLLOWING COUNTRIES: BRAZIL, CANADA, GERMANY, ISRAEL, MEXICO, JAPAN, FRANCE, SOUTH AFRICA, SPAIN AND UNITED KINGDOM.

4b (Code:) (Expenses \$ 5,140,506. including grants of \$) (Revenue \$ 542,000.) MARKETING AND COMMUNICATIONS - ESTABLISHES AND BUILDS A PRO-BUSINESS IMAGE FOR THE STATE BY IDENTIFYING AND MARKETING FLORIDA TO TARGETED INDUSTRY DECISION MAKERS AND BUSINESS LEADERS. IT DEVELOPS, COORDINATES, AND IMPLEMENTS A STATEWIDE STRATEGIC PLAN FOR FLORIDA BRAND RECOGNITION.

4c (Code:) (Expenses \$ 1,982,810. including grants of \$) (Revenue \$) BUSINESS DEVELOPMENT - RESPONSIBLE FOR COORDINATING NATIONAL AND INTERNATIONAL BUSINESS DEVELOPMENT BY MANAGEING PROJECTS TO INCREASE CAPITAL INVESTMENT AND JOBS IN FLORIDA. THE DIVISION ASSISTS BUSINESSES WITH SITE LOCATION IN ORDER TO FACILITATE JOB CREATION AND RETENTION WITHING THE STATE OF FLORIDA. THE DIVISION WORKS WITH COUNTIES TO ATTRACT HIGH QUALITY JOBS WITHIN THE STATE'S TARGETED INDUSTRIES. THE DIVISION FOSTERS RELATIONSHIPS WITH SITE SELECTORS, INDUSTRY LEADERS AND FLORIDA'S 67 LOCAL PARTNERS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,528,144. including grants of \$ 9,813,237.) (Revenue \$ 69,761.)

4e Total program service expenses 23,473,374.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
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>		X

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>		X
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>	X	
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>		X
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>	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		X
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>		X
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	X	

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 numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 65		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 65		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ROBERT SCHLOTMAN - 407-956-5613**
800 N MAGNOLIA AVE SUITE 1100, ORLANDO, FL 32803

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) RICK SCOTT CHAIRMAN	1.00	X		X				0.	0.	0.
(2) STAN CONNELLY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) JOE YORK VICE CHAIR ELECT	1.00	X		X				0.	0.	0.
(4) HOLLY BORGSMANN DIRECTOR	1.00	X						0.	0.	0.
(5) GENE SCHAEFER DIRECTOR	1.00	X						0.	0.	0.
(6) BLAKE GABLE DIRECTOR	1.00	X						0.	0.	0.
(7) ALAN BECKER DIRECTOR	1.00	X						0.	0.	0.
(8) JESSE BITER DIRECTOR	1.00	X						0.	0.	0.
(9) BRIAN CURTIN DIRECTOR	1.00	X						0.	0.	0.
(10) KEVIN DOYLE DIRECTOR	1.00	X						0.	0.	0.
(11) GREGORY CELESTAN DIRECTOR	1.00	X						0.	0.	0.
(12) MARVA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(13) CAROL CRAIG DIRECTOR	1.00	X						0.	0.	0.
(14) SUSAN CONNELLY DIRECTOR	1.00	X						0.	0.	0.
(15) YOLANDA NADER DIRECTOR	1.00	X						0.	0.	0.
(16) HARRY SIDERIS DIRECTOR	1.00	X						0.	0.	0.
(17) GARY SPULAK DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) DAVID CALL DIRECTOR	1.00	X						0.	0.	0.
(19) ANDY WIKE DIRECTOR	1.00	X						0.	0.	0.
(20) GORDON BAILEY DIRECTOR	1.00	X						0.	0.	0.
(21) JASON ALTMIRE DIRECTOR	1.00	X						0.	0.	0.
(22) MARSHALL CRISER, III DIRECTOR	1.00	X						0.	0.	0.
(23) KENT ELLERT DIRECTOR	1.00	X						0.	0.	0.
(24) ADAM PUTNAM DIRECTOR	1.00	X						0.	0.	0.
(25) PAM STEWART DIRECTOR	1.00	X						0.	0.	0.
(26) JIMMY PATRONIS DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								769,770.	0.	142,586.
d Total (add lines 1b and 1c)								769,770.	0.	142,586.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE PRINCIPI GROUP, 11 CANAL CENTER PLAZA, SUITE 300, ALEXANDRIA, VA 22314	BASE REALIGNMENT AND CLOSURE TEAM CONSUL	1,151,174.
PRESIDIO NETWORKED SOLUTIONS, LLC ONE PENN PLAZA, SUITE 2832, NYC, NY 10199	ON-SITE IT SUPPORT	471,825.
OCO GLOBAL, 6 CITYLINK BUSINESS PARK, BELFAST, NORTHERN IRELAND, IRELAND	INTERNATIONAL OFFICE MANAGING SERVICES	458,653.
LEOTTA LOCATION AND DESIGN LLC 17170 PERKINS RD, BATON ROUGE, LA 70810	SITE SELECTION CONSULTING	286,227.
PM & PARTNER MARKETING CONSULTING, LYONER STRASSE 34, FRANKFURT, GERMANY D-60528	INTERNATIONAL OFFICE MANAGING SERVICES	242,307.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **13**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) SECRETARY KEN DETZNER DIRECTOR	1.00	X						0.	0.	0.
(28) JIM BOYD DIRECTOR	1.00	X						0.	0.	0.
(29) PAM BONDI DIRECTOR	1.00	X						0.	0.	0.
(30) ERIC SILAGY DIRECTOR	1.00	X						0.	0.	0.
(31) BILL MARTIN DIRECTOR	1.00	X						0.	0.	0.
(32) KELLI STARGEL DIRECTOR	1.00	X						0.	0.	0.
(33) ANDY CORTY DIRECTOR	1.00	X						0.	0.	0.
(34) BILL HEAVENER DIRECTOR	1.00	X						0.	0.	0.
(35) GARY MART DIRECTOR	1.00	X						0.	0.	0.
(36) DEAN CANNON DIRECTOR	1.00	X						0.	0.	0.
(37) SHELDON FOX DIRECTOR	1.00	X						0.	0.	0.
(38) MORI HOSSEINI DIRECTOR	1.00	X						0.	0.	0.
(39) SONYA DEEN HARTLEY DIRECTOR	1.00	X						0.	0.	0.
(40) DANIEL DAVIS DIRECTOR	1.00	X						0.	0.	0.
(41) ANDY ROSEN DIRECTOR	1.00	X						0.	0.	0.
(42) BELINDA KEISER DIRECTOR	1.00	X						0.	0.	0.
(43) KIRK BOYLSTON DIRECTOR	1.00	X						0.	0.	0.
(44) AMY GOWDER DIRECTOR	1.00	X						0.	0.	0.
(45) KENNETH KAHN DIRECTOR	1.00	X						0.	0.	0.
(46) PAUL F. BROWNING DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) JAY BEYROUTI DIRECTOR	1.00	X						0.	0.	0.
(48) DANNY GAEKWAD DIRECTOR	1.00	X						0.	0.	0.
(49) JEFF HENDRY DIRECTOR	1.00	X						0.	0.	0.
(50) YURI KERTZMAN DIRECTOR	1.00	X						0.	0.	0.
(51) MICHAEL JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(52) JEFF CHAMBERLAIN DIRECTOR	1.00	X						0.	0.	0.
(53) BRETT COUCH DIRECTOR	1.00	X						0.	0.	0.
(54) JASON STEELE DIRECTOR	1.00	X						0.	0.	0.
(55) JAMES NOZAR DIRECTOR	1.00	X						0.	0.	0.
(56) TOM PENNEKAMP DIRECTOR	1.00	X						0.	0.	0.
(57) JEFF VINIK DIRECTOR	1.00	X						0.	0.	0.
(58) ERNIE DIAZ DIRECTOR	1.00	X						0.	0.	0.
(59) GORDON GILLETTE DIRECTOR	1.00	X						0.	0.	0.
(60) JORGE GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(61) JOHN D. ROOD DIRECTOR	1.00	X						0.	0.	0.
(62) WINFRED PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(63) JULIUS DAVIS DIRECTOR	1.00	X						0.	0.	0.
(64) DREW WEATHERFORD DIRECTOR	1.00	X						0.	0.	0.
(65) KELLY MADDEN DIRECTOR	1.00	X						0.	0.	0.
(66) PETER ANTONACCI PRESIDENT & CEO	40.00			X				68,993.	0.	11,263.
Total to Part VII, Section A, line 1c										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for Mike Grissom, Robert Schlotman, Scott Fennell, Manny Mencia, and Timothy Vanderhoof.

Total to Part VII, Section A, line 1c 769,770. 142,586.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	19,372,588.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,269,000.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		20,641,588.				
Program Service Revenue	2 a	TRADE SHOW	Business Code	900099	1,111,845.	1,111,845.		
	b	OTHER INCOME		900099	395,100.	395,100.		
	c	MGMT FEES FROM RELATED ORGANIZATI		900099	223,860.	213,860.	10,000.	
	d						
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,730,805.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			178,017.		178,017.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a							
							
							
	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			22,550,410.	1,720,805.	10,000.	178,017.	

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 X

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	10,565,074.	10,565,074.		
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	879,040.	376,689.	502,351.	
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	3,882,534.	2,599,601.	1,282,933.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	438,737.	284,725.	154,012.	
9 Other employee benefits	691,398.	402,317.	289,081.	
10 Payroll taxes	326,947.	196,271.	130,676.	
11 Fees for services (non-employees):				
a Management				
b Legal	95,756.		95,756.	
c Accounting	114,695.		114,695.	
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 Sch. O.)	3,379,546.	3,021,363.	358,183.	
12 Advertising and promotion	3,069,654.	3,069,654.		
13 Office expenses	582,452.	248,168.	334,284.	
14 Information technology				
15 Royalties				
16 Occupancy	1,026,736.	549,006.	477,730.	
17 Travel	15,609.	14,926.	683.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	389,519.	169,775.	219,744.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,558.		176,558.	
23 Insurance	73,725.		73,725.	
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 TRADE SHOW	2,393,089.	1,954,570.	438,519.	
b DUES & SUBSCRIPTIONS	59,848.	21,235.	38,613.	
c				
d				
e All other expenses	569,618.		569,618.	
25 Total functional expenses. Add lines 1 through 24e	28,730,535.	23,473,374.	5,257,161.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	145,916,726.	2	129,944,808.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	79,058.	4	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	769,923.	9	476,964.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,767,710.		
	b Less: accumulated depreciation	10b 1,435,933.	511,436.	10c 331,777.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	900,000.	12	900,000.
	13 Investments - program-related. See Part IV, line 11	30,486,302.	13	29,396,656.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,891,708.	15	16,706,313.
16 Total assets. Add lines 1 through 15 (must equal line 34)	201,555,153.	16	177,756,518.	
Liabilities	17 Accounts payable and accrued expenses	1,764,152.	17	1,191,115.
	18 Grants payable		18	
	19 Deferred revenue	6,115,053.	19	974,186.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	106,676,391.	21	97,871,790.
	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	8,717,086.	25	5,617,081.
	26 Total liabilities. Add lines 17 through 25	123,272,682.	26	105,654,172.
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	14,146,878.	27	17,760,239.
	28 Temporarily restricted net assets	64,135,593.	28	54,342,107.
	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	78,282,471.	33	72,102,346.	
34 Total liabilities and net assets/fund balances	201,555,153.	34	177,756,518.	

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	22,550,410.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,730,535.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,180,125.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,282,471.
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	72,102,346.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **ENTERPRISE FLORIDA, INC.** Employer identification number **59-3165226**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44499774.	33332152.	30733480.	41312929.	20641588.	170519923
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	44499774.	33332152.	30733480.	41312929.	20641588.	170519923
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						170519923

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	44499774.	33332152.	30733480.	41312929.	20641588.	170519923
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133,733.	210,100.	153,460.	97,788.	178,017.	773,098.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	985,884.	973,782.	1202785.			3162451.
11 Total support. Add lines 7 through 10						174455472
12 Gross receipts from related activities, etc. (see instructions)					12	6,039,877.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.74 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.76 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

ENTERPRISE FLORIDA, INC.

Employer identification number

59-3165226

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization ENTERPRISE FLORIDA, INC.	Employer identification number 59-3165226
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>19,372,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ENTERPRISE FLORIDA, INC.	Employer identification number 59-3165226
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization ENTERPRISE FLORIDA, INC.	Employer identification number 59-3165226
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization ENTERPRISE FLORIDA, INC. Employer identification number 59-3165226

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 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		227,468.	138,088.	89,380.
d Equipment		1,540,242.	1,297,845.	242,397.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				331,777.

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. (Col. (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) EDIF FUNDING LOAN		
(2) RECEIVABLE	75,000.	COST
(3) NANOPHOTONICA, INC.		
(4) WARRANTS	1,000.	COST
(5) FFCFC LOANS RECEIVABLE	29,084,082.	END-OF-YEAR MARKET VALUE
(6) MBF LOANS RECEIVABLE	186,574.	END-OF-YEAR MARKET VALUE
(7) NANOPHOTONICA, INC. LOAN		
(8) RECEIVABLE	50,000.	END-OF-YEAR MARKET VALUE
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	29,396,656.	

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) DUE FROM STATE OF FLORIDA	16,703,028.
(2) UTILITY DEPOSITS	68,970.
(3) EMPLOYEE ADVANCE	5,650.
(4) ALLOWANCE FOR DOUBTFUL ACCOUNTS	-326,000.
(5) INTERCOMPANY RECEIVABLE	254,665.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	16,706,313.

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
(1) Federal income taxes	
(2) LIABILITY FOR LOSS ON LOAN	
(3) GUARANTEE	748,881.
(4) DUE TO THE STATE OF FL	4,868,200.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,617,081.

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	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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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

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	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE STATE HAS AWARDED A TOTAL OF \$225,566,527 TO 88 COMPANIES UNDER THE STATE'S INCENTIVE PROGRAMS THROUGH JUNE 30, 2018. THESE AWARDS WERE INTENDED TO FUND BUSINESS PROJECTS TO FURTHER JOB CREATION. THE FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY, ALONG WITH THE CONSENT OF THESE COMPANIES, APPOINTED ENTERPRISE FLORIDA AS THE ESCROW AGENT TO HOLD THESE FUNDS FOR DISBURSEMENT TO THE COMPANIES IN ACCORDANCE WITH THE STATE'S INCENTIVE PROGRAMS.

THROUGH JUNE 30, 2018, ENTERPRISE FLORIDA PAID \$79,379,955 TO 51 COMPANIES THAT CERTIFIED TO DEO THEY HAD MET THEIR CONTRACT REQUIREMENTS UNDER THE PROGRAM. ENTERPRISE FLORIDA HAS RETURNED \$48,314,782 TO DEO FOR 26

Part XIII Supplemental Information (continued)

COMPANIES THAT WERE NOT ABLE TO COMPLETE THEIR PROGRAM REQUIREMENTS.

ENTERPRISE FLORIDA RECORDED THE REMAINING \$97,871,790 AS AN ESCROW PAYABLE AT JUNE 30, 2018

PART X, LINE 2:

THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2018 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization: **ENTERPRISE FLORIDA, INC.** Employer identification number: **59-3165226**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	4	4	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	924,536.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	2	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	150,000.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	1	1	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	181,661.
NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	2	2	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	273,687.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	1	1	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	94,810.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	1	1	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	112,000.
3 a Sub-total	10	11			1,736,694.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	10	11			1,736,694.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART I, LINE 3, COLUMN (F)

THE ORGANIZATION RECORDS PROFESSIONAL CONSULTING FEES AS EXPENSES IN US
\$ USING THE ACCRUAL BASIS OF GAAP ACCOUNTING.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **ENTERPRISE FLORIDA, INC.** Employer identification number **59-3165226**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3Z TELECOM INC	20-3700251		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ADVANCED INSTRUMENTS INC	65-0075110		9,238.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ALVA JADE ENTERPRISES INC.	65-0529896		5,000.	0.			INTERNATIONAL GOLD KEY/MATCHMAKING ASSISTANCE
ARCHEION HOLDINGS LLC	75-3256449		5,225.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
AVIATION INFLATABLES INC	20-1337680		9,750.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BAKER COUNTY CHAMBER OF COMMERCE	59-2076369	501(C)(6)	5,817.	0.			RURAL STRATEGIC MARKETING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **22.**

3 Enter total number of other organizations listed in the line 1 table ▶ **73.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLEFIELD CLEARANCE TEAM LICENSING CO	46-2230209		16,539.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BIOLIFE	65-0959147		15,444.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BRADFORD COUNTY BOCC	59-6000519	GOVERNMENT	9,000.	0.			RURAL STRATEGIC MARKETING
BREEZER HOLDINGS	27-3505392		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CARBON CRAFT	36-4673843		10,915.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CAREER SOURCE GULF COAST 5230 W HWY 98 PANAMA CITY, FL 32401		501(C)(6)	14,058.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
CITY OF FREEPORT		GOVERNMENT	10,000.	0.			RURAL STRATEGIC MARKETING
CITY OF JACKSONVILLE 117 W DUVAL ST. SUITE 175 JACKSONVILLE, FL 32202	59-6000344	GOVERNMENT	423,778.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
CITY OF KEY WEST P.O. BOX 6434 KEY WEST, FL 33041	59-6000346	GOVERNMENT	83,401.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS	59-6000564	GOVERNMENT	10,000.	0.			RURAL STRATEGIC MARKETING
CORELITE	45-0960571		9,490.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DEMETECH CORPORATION	65-1019143		12,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DESOTO COUNTY BOCC	59-6000579	GOVERNMENT	9,000.	0.			RURAL STRATEGIC MARKETING
DETECT INC	54-2113454		6,056.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DIVISION 5 LABS	27-4596314		8,638.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DOOLITTLE INSTITUTE 71 EGLIN PKWY NE, STE 112 WALTON BEACH, FL 32548	46-0684933	501(C)(6)	5,000.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
ECONOMIC DEVELOPMENT ALLIANCE OF BAY COUNTY - 1003 JENKS AVE. - PANAMA CITY, FL 32401	45-4008525	501(C)(6)	38,733.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
ECONOMIC DEVELOPMENT COUNCIL OF OKALOOSA CITY - P.O. BOX 4097 FT. WALTON BEACH F - PO BOX 4097 - FT. WALTON BEACH, FL 32549	59-2288214	501(C)(6)	15,462.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS - 3363 WEST PARK PLACE - PENSACOLA, FL 32505	59-6000598	GOVERNMENT	431,106.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
EUSA GLOBAL LLC	46-3877085		5,940.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
FLAGLER COUNTY BOARD OF COUNTY COMMISSIONERS		GOVERNMENT	7,650.	0.			RURAL STRATEGIC MARKETING
FLORIDA FOREIGN TRADE ASSOCIATION	59-2557450	501(C)(6)	7,500.	0.			INTERNATIONAL PARTNER TRADE EVENT
FLORIDA HEARTLAND ECONOMIC REGION OF OPPORTUNITY	81-1760111	501(C)(6)	29,355.	0.			RURAL STRATEGIC MARKETING
GADSEN COUNTY DEVELOPMENT COUNCIL	59-3682634	501(C)(6)	5,000.	0.			RURAL STRATEGIC MARKETING
GILCHRIST COUNTY BOCC	59-6000622	GOVERNMENT	9,000.	0.			RURAL STRATEGIC MARKETING
GLOBAL SATELLITE USA	65-1076408		14,553.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GREATER PENSACOLA CHAMBER OF COMMERCE - 890 S. PALAFOX ST. STE. 202 - PENSACOLA, FL 32502	59-0190330	501(C)(6)	39,238.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST STATE COLLEGE 5290 WEST HWY 98 PANAMA CITY, FL 32401	59-1208155	GOVERNMENT	30,000.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
GULF COUNTY BOCC		GOVERNMENT	10,000.	0.			RURAL STRATEGIC MARKETING
HARDEE COUNTY	65-0704795	GOVERNMENT	9,000.	0.			RURAL STRATEGIC MARKETING
HENDRY COUNTY EDC	65-0783834	501(C)(6)	9,000.	0.			RURAL STRATEGIC MARKETING
HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS - 590 S COMMERCE AVE. - SEBRING, FL 33870	59-6000655	GOVERNMENT	15,997.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
INDYNE, INC. 4050 SOUTH FERDON BLVD CRESTVIEW, FL 32536	52-1395799		122,170.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
INFINITY AIR	95-4629078		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
INFINIUM MEDICAL, INC	59-3097575		10,603.	0.			INTERNATIONAL GOLD KEY/MATCHMAKING ASSISTANCE
IRVIN TECHNOLOGIES	02-0682249		5,517.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIZABLE KANDY, LLC	45-2572297		9,245.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
LAG DYNAMIC CORP	20-5422027		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
LEOTTA LOCATION DESIGN	46-0479913		211,227.	0.			RURAL STRATEGIC MARKETING
LEVIL TECHNOLOGY CORP	65-1037710		5,252.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
LIBERTY COUNTY CHAMBER OF COMMERCE	59-2365517	501(C)(6)	9,989.	0.			RURAL STRATEGIC MARKETING
LINGA POS LLC	81-1989265		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
LOKSAK, INC	87-0568403		8,825.	0.			INTERNATIONAL GOLD KEY/MATCHMAKING ASSISTANCE
LOOS & CO., INC	59-2269184		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MADISON COUNTY DEVELOPMENT COUNCIL	59-3574533	501(C)(6)	7,143.	0.			RURAL STRATEGIC MARKETING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGAYA CORPORATION	65-1096513		6,239.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MARINE MAT INC	47-2118922		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MARTIN & VLEMINCKX USA LLC	65-1154556		5,040.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MEDIMAR CORP	65-0744343		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MEKCO GROUP	80-0243965		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARTKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	65,375.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
MORGANNA'S ALCHEMY LLC	74-3185110		10,446.	0.			INTERNATIONAL GOLD KEY/MATCHMAKING ASSISTANCE
NASSAU COUNTY ECONOMIC DEVELOPMENT BOARD	59-3293246	501(C)(6)	10,000.	0.			RURAL STRATEGIC MARKETING
NATIONAL CENTER FOR SIMULATION 3039 TECHNOLOGY PARKWAY ORLANDO, FL 32826	59-3239132		10,298.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MATH AND SCIENCE INITIATIVE - 8350 N CENTRAL EXPRESSWAY SUITE M-2200 - DALLAS, TX 75206	11-3769438	501(C)(3)	10,409.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
NFEDP	20-4360126		112,070.	0.			RURAL STRATEGIC MARKETING
NORTHWEST FLORIDIA BUSINESS DEVELOPMENT COUNCIL	59-3654568	501(C)(6)	31,963.	0.			RURAL STRATEGIC MARKETING
OPPORTUNITY FLORIDA CDC	20-3943007	501(C)(6)	52,232.	0.			RURAL STRATEGIC MARKETING
PALLADIO BEAUTY GROUP LLC	45-4795700		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PAN MEDICAL US CORPORATION	37-1755091		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PARTSBASE COM	76-0604158		12,075.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PHOENIX COMPOSITES EQUIPMENT	46-1031018		5,010.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PINWORX BOWLING INT'L LLC	26-1711242		5,481.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLK COUNTY BOARD OF COUNTY COMMISSIONERS - P.O. BOX 9005 - BARTOW, FL 33831	59-6000809	GOVERNMENT	79,340.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
PROTECH MEDICAL LEADED EYEWEAR INC	65-0559631		5,940.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
REGAL MARINES INDUSTRIES	59-1273173		10,353.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SANTA ROSA COUNTY BOARD OF COUNTY COMMISSIONERS - 6495 CAROLINE STREET, SUITE H - MILTON, FL 32570	59-6000842	GOVERNMENT	200,000.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
SATAMAZONE LLC	47-2021351		7,250.	0.			INTERNATIONAL GOLD KEY/MATCHMAKING ASSISTANCE
SCAR HEAL - ATLANTIC MEDICAL PRODUCTS	81-2869433		5,940.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SOUTH FLORIDA PROGRESS FOUNDATION 1601 BISCAYNE BLVD, BALLROOM LEVEL MIAMI, FL 33132	59-6216592	501(C)(3)	84,720.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
STS COMPONENT SOLUTIONS LLC	04-3672123		5,517.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TAMPA BAY DEFENSE ALLIANCE P.O. BOX 172925 TAMPA, FL 33672	45-4380305	501(C)(6)	67,600.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA HILLSBOROUGH EDC	27-1010441	501(C)(6)	15,000.	0.			INTERNATIONAL PARTNER TRADE EVENT
TENTECH CORPORATION	26-4417169		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TOWN ON INGLIS		GOVERNMENT	7,979.	0.			RURAL STRATEGIC MARKETING
TRADE MISSIONS CENTER AMERICAS	65-0996625	501(C)(3)	15,000.	0.			INTERNATIONAL PARTNER TRADE EVENT
TRITON SUBMARINES LLC	27-0790240		9,903.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TURBO USA INC	06-5529523		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TURBOPOWER LLC	35-2435112		5,250.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ULTRATECH INTERNATIONAL	59-2825545		5,343.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
UNITED TELEPORTS INC	46-2879145		10,633.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PKWY, BLDG 20 PENSACOLA, FL 32514	59-2976783	GOVERNMENT	52,500.	0.			INTERNATIONAL EXPORT MARKETING PLAN ASSISTANCE
VICTORIA WORLD WIDE BUSINESS CONNECTIONS GROUP, LLC	26-4546424		10,915.	0.			INTERNATIONAL GOLD KEY/MATCHMAKING ASSISTANCE
VIGILANT BIOSCIENCES INC	27-4576083		3,450.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
WAKULLA ECONOMIC DEVELOPMENT COUNCIL		501(C)(6)	10,000.	0.			RURAL STRATEGIC MARKETING
WORTH INTERNATIONAL LLC	47-2682060		9,175.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ZANIBONI LIGHTNING	47-2134990		6,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
FLORIDA OPPORTUNITY FUND, INC. 800 N MAGNOLIA AVE. ORLANDO, FL 32803	41-2262408	501(C)(3)	7,585,659.	0.			STATE SMALL BUSINESS CREDIT INITIATIVE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION HAS A CONTRACTS AND COMPLIANCE POLICY AND PROCEDURES
 MANUAL WHICH OUTLINES THE PROCESS BY WHICH EACH CONTRACT MUST ADHERE IN
 MANAGING GRANTS CONTRACTS. EACH CONTRACT MANAGER IS RESPONSIBLE FOR
 REVIEWING THE QUARTERLY REPORTS OF WORK FROM THE GRANTEES TO ENSURE
 COMPLIANCE WITH GRANT REQUIREMENTS AND ELIGIBILITY OF EXPENSES. ONCE
 APPROVED, THE PAYMENT REQUEST IS SUBMITTED TO ACCOUNTING FOR PAYMENT.
 ACCOUNTING VERIFIES THAT PAYMENTS DO NOT EXCEED THE CONTRACT THEN PROCESSES
 PAYMENT. ALL FINAL PAYMENTS ARE APPROVED BY THE CONTRACTS COMPLIANCE

Part IV Supplemental Information

DEPARTMENT AND THE CONTROLLER PRIOR TO SUBMISSION TO ACCOUNTING FOR
 PAYMENT.

**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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ENTERPRISE FLORIDA, INC.

Employer identification number

59-3165226

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <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 type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part 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) MIKE GRISSOM EVP	(i)	173,783.	0.	0.	19,090.	9,387.	202,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MANNY MENCIA SVP - IT&D	(i)	164,000.	0.	5,123.	16,912.	14,980.	201,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIMOTHY VANDERHOOF SVP - BUS DEV	(i)	138,253.	0.	0.	15,054.	8,468.	161,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Lined area for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ENTERPRISE FLORIDA, INC.

Employer identification number

59-3165226

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUSINESSES AND CITIZENS BY FOCUSING ON A WIDE RANGE OF INDUSTRY
SECTORS, INCLUDING CLEAN ENERGY, LIFE SCIENCES, INFORMATION TECHNOLOGY,
AVIATION/AEROSPACE, HOMELAND SECURITY/DEFENSE, FINANCIAL/PROFESSIONAL
SERVICES AND MANUFACTURING. IN COLLABORATION WITH A STATEWIDE NETWORK
OF REGIONAL AND LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS, EFI HELPS TO
IMPROVE FLORIDA'S BUSINESS CLIMATE, ENSURING THE STATE'S GLOBAL
COMPETITIVENESS. EFI IS COMMITTED TO ASSISTING COMPANIES CONFIDENTIALLY
WITH THEIR EXPANSION AND LOCATION PLANS. EFI PROVIDES SITE SELECTION
SERVICES, DEMOGRAPHIC INFORMATION, INCENTIVE INFORMATION, TRADE LEADS
AND MUCH MORE. WE ALSO COORDINATE INTRODUCTIONS TO OUR NETWORK OF
ECONOMIC DEVELOPMENT PARTNERS LOCATED THROUGHOUT THE STATE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

MARKETING, INFORMATION, AND COMMUNICATIONS - RESPONSIBLE FOR
ESTABLISHING AND BUILDING A PRO-BUSINESS IMAGE FOR THE STATE BY
IDENTIFYING AND MARKETING FLORIDA TO TARGETED INDUSTRY DECISION MAKERS
AND BUSINESS LEADERS. IT DEVELOPS, COORDINATES, AND IMPLEMENTS A
STATEWIDE STRATEGIC PLAN FOR FLORIDA BRAND RECOGNITION. THE DIVISION
ALSO MANAGES ALL CORPORATE COMMUNICATIONS.

SPORTS DEVELOPMENT - WORKS TO STRENGTHEN THE ECONOMIC IMPACT OF SPORTS
EVENTS THROUGH GRANTS AND IDENTIFIES BUSINESS EXPANSION OR DEVELOPMENT
OPPORTUNITIES LINKED TO SPORTS DEVELOPMENT.

Name of the organization ENTERPRISE FLORIDA, INC.	Employer identification number 59-3165226
--	--

MINORITY AND SMALL BUSINESS, ENTREPRENEURSHIP AND CAPITAL - RESPONSIBLE FOR IDENTIFYING RESOURCE PROVIDERS FOR UNDERSERVED MINORITY AND SMALL BUSINESSES. IT ALSO ADMINISTERS SPECIAL CAPITAL PROGRAMS SUCH AS THOSE OF FLORIDA OPPORTUNITY FUND, AND SUPPORTS THE FLORIDA DEVELOPMENT FINANCE CORPORATION.

EXPENSES \$ 10,528,144. INCL GRANTS OF \$ 9,813,237. REVENUE \$ 69,761.

FORM 990, PART VI, SECTION A, LINE 3:

THE EXECUTIVE COMMITTEE IS DELEGATED AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST FORM AND RETURN IT TO THE ORGANIZATION'S COMPLIANCE DEPARTMENT. THE COMPLIANCE DEPARTMENT THEN CROSS-REFERENCES THE COMPLETED FORMS WITH A LIST OF THE ORGANIZATION'S CONTRACTS TO DETERMINE IF THERE IS A CONFLICT. IF THERE IS, IT IS SUBMITTED FOR BOARD APPROVAL. IF THE POTENTIAL CONFLICT INVOLVES A MEMBER OF THE BOARD, THE INVOLVED BOARD MEMBER MUST ABSTAIN FROM VOTING ON THE ISSUE. IN ADDITION, THE ORGANIZATION GIVES A LIST OF BOARD MEMBERS TO POTENTIAL GRANTEES AND ASKS IF ANY OF THE MEMBERS ARE ASSOCIATED WITH THEIR ORGANIZATION/COMPANY.

FORM 990, PART VI, SECTION B, LINE 15A:

Name of the organization ENTERPRISE FLORIDA, INC.	Employer identification number 59-3165226
--	--

THE ORGANIZATION HAS SALARY AND COMPENSATION GUIDELINES THAT ARE DEVELOPED BY THE BOARD OF DIRECTORS AND APPROVED BY THE FINANCE AND COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE WITHIN THE BOARD OF DIRECTORS. OFFICER AND EMPLOYEE SALARIES AND BONUSES ARE REVIEWED INTERNALLY ON AN ANNUAL BASIS AND COMPARED TO VARIOUS SALARY SURVEYS OF LOCAL AND OTHER ECONOMIC DEVELOPMENT ORGANIZATIONS. EVERY THREE TO FOUR YEARS, AN EXTERNAL SALARY SURVEY IS COMPLETED BY AN INDEPENDENT FIRM. THE PRESIDENT/CEO SALARY AND BONUS IS DETERMINED BY CONTRACT AND IS REVIEWED AND APPROVED BY THE FINANCE AND COMPENSATION COMMITTEE AND BOARD OF DIRECTORS.

THE COMMITTEE MAY TAKE INTO CONSIDERATION EXTRAORDINARY ACHIEVEMENTS NOT FORECAST AT GOAL SETTING OR SUCCESS AGAINST UNFORESEEN CHALLENGES. THE PRESIDENT/CEO ANNUAL INCENTIVE PAYMENT HAS A CONTRACT GOAL OF \$70,000. 80% OF THIS IS TRADITIONALLY BASED ON THE ACHIEVEMENT OF ORGANIZATION GOALS, ALTHOUGH THE BOARD MAY DECIDE TO AWARD A HIGHER AMOUNT. IN ADDITION TO THE ORGANIZATION GOALS IN THE BUSINESS PLAN MEASURES, THE PRESIDENT/CEO HAS INDIVIDUAL PERFORMANCE GOALS THAT RELATE TO THE QUALITY OF HIS LEADERSHIP, MANAGEMENT OF THE ORGANIZATION, AND RELATIONSHIP WITH THE ORGANIZATION'S BOARD MEMBERS AND ECONOMIC DEVELOPMENT ORGANIZATIONS (EDO). THESE COMPRISE THE REMAINING 20% OF HIS INCENTIVE PAYMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, AND POSTED ON WWW.ENTERPRISEFLORIDA.COM WEBSITE ON THE TRANSPARENCY PAGE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

Name of the organization	Employer identification number
ENTERPRISE FLORIDA, INC.	59-3165226

PROGRAM SERVICE EXPENSES	3,021,363.
MANAGEMENT AND GENERAL EXPENSES	358,183.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,379,546.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,379,546.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **ENTERPRISE FLORIDA, INC.** Employer identification number **59-3165226**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TEAM FLORIDA MARKETING PARTNERSHIP LLC - 47-3823394, 800 N MAGNOLIA AVE, STE 1100, ORLANDO, FL 32803	MARKETING	FLORIDA	542,000.	1,778,630.	ENTERPRISE FLORIDA INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FLORIDA OPPORTUNITY FUND, INC. - 41-2262408 800 N MAGNOLIA AVE, STE 1100 ORLANDO, FL 32803	INCREASE AVAILABILITY OF CAPITAL FOR EMERGING COMPANIES IN FLORIDA	FLORIDA	501(C)(3)	LINE 7	ENTERPRISE FLORIDA, INC.	X	
FLORIDA SPORTS FOUNDATION, INCORPORATED - 45-3113933, 800 N MAGNOLIA AVE, STE 1100, ORLANDO, FL 32803	PROMOTE AMATEUR SPORTS COMPETITIONS	FLORIDA	501(C)(3)	LINE 7	ENTERPRISE FLORIDA, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POF PA II, INC, - 46-0842981 800 N. MAGNOLIA AVE., SUITE 1100 ORLANDO, FL 32803	INVESTMENTS	FL	FLORIDA OPPORTUNITY FUND, INC.	C CORP					X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLORIDA SPORTS FOUNDATION, INC.	Q	519,744.	FMV
(2) FLORIDA SPORTS FOUNDATION, INC.	N	36,000.	FMV
(3) FLORIDA OPPORTUNITY FUND, INC.	O	60,000.	FMV
(4) FLORIDA OPPORTUNITY FUND, INC.	B	7,585,659.	FMV
(5) FLORIDA OPPORTUNITY FUND, INC.	M	150,000.	FMV
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

