

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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	G Gross receipts \$ 23,170,250.
	800 NORTH MAGNOLIA AVE., SUITE 1100		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JAMALL SOWELL SAME AS C ABOVE			H(c) Group exemption number ▶
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			
J Website: ▶ WWW.EFLORIDA.COM			
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	51
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	51
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	106
	6 Total number of volunteers (estimate if necessary)	6	0
	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 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,641,588.	20,717,706.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,730,805.	2,055,026.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,017.	393,212.
	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)	22,550,410.	23,165,944.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	10,565,074.	4,167,106.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,218,656.	6,180,787.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 160,499.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,946,805.	10,298,113.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,730,535.	20,646,006.
19 Revenue less expenses. Subtract line 18 from line 12	-6,180,125.	2,519,938.	
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)	177,756,518.	138,696,162.
	22 Net assets or fund balances. Subtract line 21 from line 20	105,654,172.	69,073,878.
		72,102,346.	69,622,284.

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		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ALISA P. TRAIN		
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 \$ 2,128,153. including grants of \$) (Revenue \$) BUSINESS DEVELOPMENT - RESPONSIBLE FOR COORDINATING NATIONAL AND INTERNATIONAL BUSINESS DEVELOPMENT BY MANAGING PROJECTS TO INCREASE CAPITAL INVESTMENT AND JOBS IN FLORIDA.

4b (Code:) (Expenses \$ 8,239,860. including grants of \$ 1,707,100.) (Revenue \$ 1,492,767.) INTERNATIONAL TRADE AND DEVELOPMENT - FOCUSES ON INTERNATIONAL TRADE PROGRAMS TO EXPAND THE NUMBER OF FLORIDA COMPANIES EXPORTING FLORIDA PRODUCTS AND SERVICES.

4c (Code:) (Expenses \$ 222,171. including grants of \$) (Revenue \$ 125,000.) 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,956,829. including grants of \$ 2,460,006.) (Revenue \$ 427,259.)

4e Total program service expenses 14,547,013.

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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 106		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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 51		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 51		
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 - 407-956-5600**
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) RON DESANTIS CHAIRMAN	1.00	X		X				0.	0.	0.
(2) JOE YORK VICE CHAIR	1.00	X		X				0.	0.	0.
(3) BRYAN AVILA DIRECTOR	1.00	X						0.	0.	0.
(4) GORDON BAILEY DIRECTOR	1.00	X						0.	0.	0.
(5) DAVID BEVIRT DIRECTOR	1.00	X						0.	0.	0.
(6) JAY BEYROUTI DIRECTOR	1.00	X						0.	0.	0.
(7) MARIBETH BISIENERE DIRECTOR	1.00	X						0.	0.	0.
(8) JESSE BITER DIRECTOR	1.00	X						0.	0.	0.
(9) HOLLY BORGMANN DIRECTOR	1.00	X						0.	0.	0.
(10) PAUL F. BROWNING DIRECTOR	1.00	X						0.	0.	0.
(11) DOMINIC CALABRO DIRECTOR	1.00	X						0.	0.	0.
(12) DAVID CALL DIRECTOR	1.00	X						0.	0.	0.
(13) DEAN CANNON DIRECTOR	1.00	X						0.	0.	0.
(14) GREGORY CELESTAN DIRECTOR	1.00	X						0.	0.	0.
(15) RICHARD CORCORAN DIRECTOR	1.00	X						0.	0.	0.
(16) MARSHALL CRISER, III DIRECTOR	1.00	X						0.	0.	0.
(17) BRIAN CURTIN 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) DANIEL DAVIS DIRECTOR	1.00	X						0.	0.	0.
(19) SONYA DEEN HARTLEY DIRECTOR	1.00	X						0.	0.	0.
(20) DANIEL DENOR DIRECTOR	1.00	X						0.	0.	0.
(21) KEVIN DOYLE DIRECTOR	1.00	X						0.	0.	0.
(22) BARBARA ESSENWINE DIRECTOR	1.00	X						0.	0.	0.
(23) NICOLE FRIED DIRECTOR	1.00	X						0.	0.	0.
(24) DANNY GAEKWAD DIRECTOR	1.00	X						0.	0.	0.
(25) AMY GOWDER DIRECTOR	1.00	X						0.	0.	0.
(26) MARGY GRANT DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								816,283.	0.	150,489.
d Total (add lines 1b and 1c)								816,283.	0.	150,489.

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 **5**

	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	895,925.
OCO GLOBAL, 6 CITYLINK BUSINESS PARK, BELFAST, NORTHERN IRELAND, IRELAND	INTERNATIONAL OFFICE MANAGING SERVICES	508,346.
INSTITUTE OF ADVANCED FINANCE CALLE DE JENNER 3-1, MADRID, MADRID, SPAIN	INTERNATIONAL OFFICE MANAGING SERVICES	286,227.
PRESIDIO NETWORKED SOLUTIONS, LLC ONE PENN PLAZA, SUITE 2832, NYC, NY 10199	ON-SITE IT SUPPORT	241,933.
PM & PARTNER MARKETING CONSULTING, LYONER STRASSE 34, FRANKFURT, GERMANY D-60528	INTERNATIONAL OFFICE MANAGING SERVICES	232,633.

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 **12**

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) BILL HEAVENER DIRECTOR	1.00	X					0.	0.	0.	
(28) MORI HOSSEINI DIRECTOR	1.00	X					0.	0.	0.	
(29) MARVA JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(30) KENNETH KAHN DIRECTOR	1.00	X					0.	0.	0.	
(31) BELINDA KEISER DIRECTOR	1.00	X					0.	0.	0.	
(32) LAUREL LEE DIRECTOR	1.00	X					0.	0.	0.	
(33) KELLY MADDEN DIRECTOR	1.00	X					0.	0.	0.	
(34) NICK MICELI DIRECTOR	1.00	X					0.	0.	0.	
(35) ASHLEY MOODY DIRECTOR	1.00	X					0.	0.	0.	
(36) PATRICK NEAL DIRECTOR	1.00	X					0.	0.	0.	
(37) MELANIE PARRISH BONANNO DIRECTOR	1.00	X					0.	0.	0.	
(38) JIMMY PATRONIS DIRECTOR	1.00	X					0.	0.	0.	
(39) TOM PENNEKAMP DIRECTOR	1.00	X					0.	0.	0.	
(40) BOB RITCHIE DIRECTOR	1.00	X					0.	0.	0.	
(41) GARY ROSEN DIRECTOR	1.00	X					0.	0.	0.	
(42) GENE SCHAEFER DIRECTOR	1.00	X					0.	0.	0.	
(43) ERIC SILAGY DIRECTOR	1.00	X					0.	0.	0.	
(44) KELLY SMALLRIDGE DIRECTOR	1.00	X					0.	0.	0.	
(45) GARY SPULAK DIRECTOR	1.00	X					0.	0.	0.	
(46) KELLI STARGEL 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)

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 entries for Catherine Stempien, Nancy Tower, Daniel Velazquez, Bob Ward, Andy Wike, Peter Antonacci, Mike Grissom, Robert Schlotman, Manny Mencia, and Timothy Vanderhoof.

Total to Part VII, Section A, line 1c 816,283. 150,489.

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	18,968,677.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,749,029.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		20,717,706.				
Program Service Revenue	2 a	TRADE SHOW	Business Code	900099	1,298,807.	1,298,807.		
	b	OTHER INCOME	Business Code	900099	552,219.	552,219.		
	c	MGMT FEES FROM RELATED ORGANIZATI	Business Code	900099	204,000.	194,000.	10,000.	
	d						
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,055,026.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			397,518.		397,518.	
	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				4,306.		
		Gain or (loss)				-4,306.		
		Net gain or (loss)				-4,306.		-4,306.
	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			23,165,944.	2,045,026.	10,000.	393,212.	

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	4,167,106.	4,167,106.		
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	903,882.	374,741.	529,141.	
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	3,796,255.	2,196,277.	1,506,231.	93,747.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	443,910.	259,856.	176,177.	7,877.
9 Other employee benefits	706,870.	365,206.	327,161.	14,503.
10 Payroll taxes	329,870.	176,247.	146,889.	6,734.
11 Fees for services (non-employees):				
a Management				
b Legal	157,331.		157,331.	
c Accounting	84,645.		84,645.	
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.)	2,702,572.	2,617,821.	83,349.	1,402.
12 Advertising and promotion	1,947,844.	159,600.	1,788,244.	
13 Office expenses	681,838.	509,226.	172,612.	
14 Information technology	185,462.		185,462.	
15 Royalties				
16 Occupancy	774,717.	554,736.	189,766.	30,215.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,977.	52,847.	7,130.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,416.	69,708.	69,708.	
23 Insurance	86,965.		86,965.	
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	2,597,275.	2,329,155.	262,099.	6,021.
b DUES & SUBSCRIPTIONS	393,466.	238,159.	155,307.	
c				
d				
e All other expenses	486,605.	476,328.	10,277.	
25 Total functional expenses. Add lines 1 through 24e	20,646,006.	14,547,013.	5,938,494.	160,499.
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	129,944,808.	2	91,392,860.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	9,314.
	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	476,964.	9	454,930.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,517,931.		
	b Less: accumulated depreciation	10b 1,229,043.	331,777.	10c 288,888.
	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	29,396,656.	13	36,737,816.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,706,313.	15	8,912,354.
16 Total assets. Add lines 1 through 15 (must equal line 34)	177,756,518.	16	138,696,162.	
Liabilities	17 Accounts payable and accrued expenses	1,191,115.	17	1,487,360.
	18 Grants payable		18	
	19 Deferred revenue	974,186.	19	853,738.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	97,871,790.	21	61,795,925.
	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	5,617,081.	25	4,936,855.
	26 Total liabilities. Add lines 17 through 25	105,654,172.	26	69,073,878.
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	17,760,239.	27	21,779,167.
	28 Temporarily restricted net assets	54,342,107.	28	47,843,117.
	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	72,102,346.	33	69,622,284.	
34 Total liabilities and net assets/fund balances	177,756,518.	34	138,696,162.	

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	23,165,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,646,006.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,519,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,102,346.
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	-5,000,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,622,284.

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

2018

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33332152.	30733480.	41312929.	20641588.	20997721.	147017870
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	33332152.	30733480.	41312929.	20641588.	20997721.	147017870
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.						147017870

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	33332152.	30733480.	41312929.	20641588.	20997721.	147017870
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	210,100.	153,460.	97,788.	178,017.	397,518.	1036883.
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.)	973,782.	1202785.				2176567.
11 Total support. Add lines 7 through 10						150231320
12 Gross receipts from related activities, etc. (see instructions)					12	6,972,834.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	97.86 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.74 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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	STATE OF FLORIDA - DEPT OF ECONOMIC OPPORTUNITY 107 E. MADISON STREET TALLAHASSEE, FL 32399	\$ 18,968,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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	

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

2018

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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		216,506.	168,277.	48,229.
d Equipment		1,301,425.	1,060,766.	240,659.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				288,888.

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	36,306,635.	END-OF-YEAR MARKET VALUE
(6) MBF LOANS RECEIVABLE	305,181.	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.) ▶	36,737,816.	

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	8,991,422.
(2) UTILITY DEPOSITS	68,970.
(3) EMPLOYEE ADVANCE	2,000.
(4) ALLOWANCE FOR DOUBTFUL ACCOUNTS	-338,417.
(5) INTERCOMPANY RECEIVABLE	188,379.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,912,354.

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	15,477.
(4) DUE TO THE STATE OF FL	4,921,378.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,936,855.

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 EIGHTY-EIGHT COMPANIES UNDER THE STATE'S INCENTIVE PROGRAMS THROUGH JUNE 30, 2019. THESE AWARDS WERE INTENDED TO FUND BUSINESS PROJECTS TO FURTHER JOB CREATION. DEO, 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, 2019, ENTERPRISE FLORIDA PAID \$107,069,815 TO SEVENTY-SEVEN COMPANIES THAT CERTIFIED TO DEO THEY HAD MET THEIR CONTRACT REQUIREMENTS UNDER THE PROGRAM. ENTERPRISE FLORIDA HAS RETURNED \$56,700,787 TO DEO FOR THIRTY-FOUR COMPANIES THAT WERE NOT ABLE TO

Part XIII Supplemental Information *(continued)*

COMPLETE THEIR PROGRAM REQUIREMENTS. ENTERPRISE FLORIDA RECORDED THE
REMAINING \$61,795,925 AS AN ESCROW PAYABLE AT JUNE 30, 2019.

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, 2019 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

2018

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	899,825.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	2	2	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	408,236.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	1	1	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	193,027.
NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	2	2	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	278,860.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	1	1	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	109,700.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	1	1	PROGRAM SERVICES	FOREIGN OFFICE REPRESENTATION	101,627.
3 a Subtotal	11	11			1,991,275.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	11	11			1,991,275.

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

Schedule F (Form 990) 2018

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.

PART I, LINE 3:

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

**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

2018

**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 3150 SW 145TH AVE. SUITE 300 MIRAMAR, FL 33027	20-3700251		9,785.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ADVANCED CHEMICAL TESTING LLC DBA ADVANCED CHEMICAL SENSORS - 101-B GLADES ROAD - BOCA RATON, FL 33432	47-2541688		9,844.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ADVANCED INSTRUMENTATIONS, INC. 6800 NW 77TH COURT MIAMI, FL 33166	65-0075110		6,436.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ADVANCED TECHNOLOGIES WORLDWIDE INC - 461 FORREST AVE., #107 - COCOA, FL 32922	59-3078893		5,725.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
AERO ENGINEERING SUPPORT GROUP INC. - 3601 COMMERCE BOULEVARD, SUITE F - KISSIMMEE, FL 34741	81-4841612		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
AIRON CORPORATION 751 NORTH DR. UNIT #6 MELBOURNE, FL 32934	59-3447666		8,233.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 13.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 132.**

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

Schedule I (Form 990) (2018)

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
ALFA VITAMINS LABORATORIES 4701 NW 77 AVE. MIAMI, FL 33166	65-0987743		6,265.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ALL FIT AUTOMOTIVE, LLC 4475 ASHTON RD, UNIT F SARASOTA, FL 34233	45-4675096		13,091.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ALVA JADE ENTERPRISES INC PO BOX 812 POMPANO BEACH, FL 33062	65-0529896		7,894.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
AMERICA ENERGY INC. 20861 JOHNSON STREET, #115 PEMBROKE PINES, FL 33029	51-0648242		5,834.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ASSOCIATED AIRCRAFT MFG & SALES, INC - 2735 NW 63RD COURT - FT. LAUDERDALE, FL 33309	52-0682586		14,925.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
AVALEX TECHNOLOGIES 2665 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	52-2030222		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
AVIONICS SUPPORT GROUP, INC. 13155 SW 132ND AVENUE MIAMI, FL 33186	65-0691973		13,195.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BARFIELD, INC. 4101 NW 29TH ST. MIAMI, FL 33142	59-0556588		9,507.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BARRIER TECHNOLOGIES 7060 W. STATE ROAD 84, STE. 8 DAVIE, FL 33317	20-4132976		5,471.	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
BERTRAM LLC DBA BERTRAM YACHTS LLC - 5250 WEST TYSON AVENUE - TAMPA, FL 33611	47-3523106		9,032.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BIGORRE AEROSPACE CORPORATION 6295 42ND STREET NORTH PINELLAS PARK, FL 33781	59-2852058		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BIOLIFE, LLC 8163 25TH COURT EAST SARASOTA, FL 34243	65-0959147		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BIONIKO CONSULTING LLC 19390 COLLINS AVENUE, SUITE 1025A SUNNY ISLES, FL 33160	26-3038437		12,863.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BIOTECH INDUSTRIES/H QUALITY CONNECTIONS INC - 8930 WESTERN WAY #14 - JACKSONVILLE, FL 32256	80-0779034		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BOB'S SPACE RACERS, INC. 427 15TH STREET HOLLY HILL, FL 32117	59-1662454		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BREEZE CREATIVE LLC 5001 SW 74TH CT, SUITE 202 MIAMI, FL 33155	47-2759586		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BREEZER HOLDINGS LLC 550 SW 12TH AVENUE, SUITE 550 DEERFIELD BEACH, FL 33442	27-3505392		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
BSCS TECHNOLOGY INC. DBA TRACK TRACE RX - 1601 PARK CENTER DRIVE, UNIT #10 - ORLANDO, FL 32835	26-0316801		8,800.	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
BUILDING INDUSTRY CONSULTING SERVICE INTERNATIONAL, INC - 8610 HIDDEN RIVER PARKWAY - TAMPA, FL 33637	59-2226593		7,202.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
C PRODUCTS DEFENSE 6115 31ST ST E BRADENTON, FL 34203	45-2758345		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CAKES N SUPPLIES BY XIMENA 1280 SW 143 AVENUE MIAMI, FL 33184	27-1135195		17,932.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CALIBER SALES ENGINEERING INC. 5373 NORTH HIATUS ROAD SUNRISE, FL 33351	65-0002652		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CAVIDYNE LLC 5077 FRUITVILLE RD. SUITE 109-157 SARASOTA, FL 34232	20-0145763		11,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CIRRO MEDICAL SYSTEMS LLC 1464 NW 82ND AVE MIAMI, FL 33126	46-3368320		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CITY OF KEY WEST P.O. BOX 6434 KEY WEST, FL 33041	59-6000346	GOVERNMENT	157,461.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
CLAY COUNTY DEVELOPMENT AUTHORITY 1845 TOWN CENTER BLVD, SUITE 410 FLEMING ISLAND, FL 32003	59-6583087	GOVERNMENT	900,000.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
CONCEPT II COSMETICS, LLC 8881 NW 13TH TERRACE MIAMI, FL 33172	45-2703387		11,400.	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
CORELITE INC. 1060 EAST 30TH STREET MIAMI, FL 33013	45-0960571		5,411.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
COSTEX CORP DBA COSTEX TRACTOR PARTS - 6100 SW 77TH COURT - MIAMI, FL 33136	59-1963036		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DELTA INTERNATIONAL INC. 4856 SW 72ND AVE MIAMI, FL 33155	59-1960563		5,986.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DEMETECH CORPORATION 14175 NW 60TH AVE. MIAMI LAKES, FL 33014	65-1019143		17,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DISCOVERY TECHNOLOGY INTERNATIONAL DTI - 6968 PROFESSIONAL PARKWAY EAST - SARASOTA, FL 34240	20-0677633		7,406.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
DYNAMIC ATTRACTIONS INC. 224 OUTLOOK POINT DR, SUITE 600 ORLANDO, FL 32809	98-1016243		17,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ENZYMEDICA, INC. 771 COMMERCE DR VENICE, FL 34292	46-4095240		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS - 221 PALAFOX PL. SUITE 140 - PENSACOLA, FL 32502	59-6000598	GOVERNMENT	326,811.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
FLORIDA FOREIGN TRADE ASSOCIATION 1865 BRICKELL AVENUE, SUITE A2008 MIAMI, FL 33129	59-2557450	501(C)(6)	10,000.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS

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
FLORIDA PNEUMATIC MANUFACTURING CORP - 851 JUPITER PARK LANE - JUPITER, FL 33458	59-2400111		5,372.	0.			INTERNATIONAL PARTNER TRADE EVENT
FLYMOTION, LLC 4558 EAGLE FALLS PLACE MIAMI, FL 33619	46-5362918		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
FREEZETONE PRODUCTS, INC. 7986 NW 14ST STREET DORAL, FL 33126	59-2333882		9,630.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GABLES ENGINEERING, INC. 247 GRECO AVENUE MIAMI, FL 33146	59-0561349		6,258.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GALAXY AMERICA 7431 SAWYER CIRCLE PORT CHARLOTTE, FL 33981	27-1798141		9,419.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GCM CONTRACTING SOLUTIONS, INC. DBA SAFE HARBOUR DRY STACKS - 16121 LEE ROAD, STE 101 - FORT MYERS, FL 33912	65-0890863		16,927.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GERMFREE LABORATORIES, INC. 4 SUNSHINE BLVD. ORMOND BEACH, FL 32174	59-0994226		7,018.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GLOBAL PARTS SUPPORT, INC. 2550 NW 4TH COURT FT. FT. LAUDERDALE, FL 33311	56-2412282		15,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GLOBAL SATELLITE USA 1901 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316	65-1076408		10,000.	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
GREAT CIRCLE SYSTEMS INC.DBA GCS-HUB - 500 SE 17TH STREET, STE. 224 - FT. LAUDERDALE, FL 33316	94-3384844		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
GULF COAST STATE COLLEGE 5290 WEST HWY 98 PANAMA CITY, FL 32401	59-1208155	GOVERNMENT	108,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
HENDRY COUNTY EDC P.O. BOX 2518 LABELLE, FL 33975	65-0783834	501(C)(6)	13,500.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS - PO BOX 1926 - SEBRING, FL 33870	59-6000655	GOVERNMENT	229,739.	0.			RURAL STRATEGIC MARKETING
HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS - PO BOX 1926 - SEBRING, FL 33870	59-6000655	GOVERNMENT	23,887.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
HIPPO COATINGS 752 COMMERCE DR, BUILDING C, SUITE VENICE, FL 34292	81-5314576		8,650.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
HYPERFORM, INC. DBA SEADEK 5440 SCHENCK AVENUE ROCKLEDGE, FL 32955	59-2932593		7,345.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
IBT ONLINE LLC 707 LAKE COOK ROAD, SUITE 108 DEEFIELD, IL 60015	94-6945403		32,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
INDYNE, INC 4050 SOUTH FERDON BLVD CRESTVIEW, FL 32536	52-1395799		112,028.	0.			INTERNATIONAL WEBSITE LOCLAIZATION 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
INFINIUM MEDICAL, INC. 12151 62ND ST. N. UNIT 5 LARGO, FL 33773	59-3097575		10,000.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
INLINE FILING SYSTEMS, LLC 216 SEABOARD AVE VENICE, FL 34285	65-0713126		7,524.	0.			INTERNATIONAL REGISTRATION GRANT
INTEGEN, LLC 8865 COMMODITY CIRCLE, SUITE 2 ORLANDO, FL 32819	27-3737130		16,635.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
IRVIN TECHNOLOGIES, INC., DBA ITI ENGINEERING - 1081 WILLA SPRINGS DRIVE - WINTER SPRINGS, FL 32708	02-0682249		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
I-TECH MIAMI DBA SB TECHNOLOGY NY GROUP - 11361 INTERCHANGE CIRCLE SOUTH - MIRAMAR, FL 33025	46-2272476		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
JATE FUEL INJECTOR CLINIC INC 12938 SE SUZANNE DRIVE HOBE SOUND, FL 33455	20-5985481		7,475.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
JET REPAIR CENTER, INC. 7501 NW 52ND STREET MIAMI, FL 33166	65-1107574		6,766.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
JL AUDIO, INC. 10369 NORTH COMMERCE PARKWAY MIRAMAR, FL 33025	59-1748974		5,482.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
KIZABLE, LLC 2741 NE 16 TERRACE WILTON MANORS, FL 33334	45-2572297		7,500.	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
LINGA POS LLC DBA BENSERON INFORMATION TECH., INC. - 4501 TAMIAMI TR N SUITE 400 - NAPLES, FL 34103	81-1989265		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
LOOS & CO., INC. 901 INDUSTRIAL BOULEVARD NAPLES, FL 34104	59-2269184		27,281.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
LOUIS NORIEGA DBA AUTOMATED PORT SOLUTIONS - 5727 NW 7 STREET, SUITE 286 - MIAMI, FL 33123	29-3458393		9,449.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
LTA INTERNATIONAL GLOBAL SERVICES 100 3RD STREET SOUTH, SUITE 100 ST. PETERSBURG, FL 33701	26-2698969		5,103.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MAGAYA CORPORATION 7950 NW 53RD STREET, SUITE 300 DORAL, FL 33166	65-1096513		13,125.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MAGIC DYNAMICS LLC DBA MAGIC EAR 22089 US HWY 19N CLEARWATER, FL 33765	27-1024547		16,270.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MARTIN & VLEMINCKX USA, LLC 31096 US HIGHWAY 27 HAINES CITY, FL 33844	65-1154556		27,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MED X CHANGE, INC. 3525 8TH STREET WEST BRADENTON, FL 34205	65-1066786		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MEDAS, INC. DBA MEDADV 12550 BISCAYNE BLVD, SUITE 405 NORTH MIAMI, FL 33181	47-2134093		9,800.	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
MEDIMAR CORP 3016 NW 82ND AVENUE DORAL, FL 33122	46-3038477		8,588.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MICHELE OCA DBA US DESIGN LAB LLC 3212 N 40TH ST. SUITE 103B TAMPA, FL 33605	98-1097254		5,706.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MILANOCARE LLC DBA MILANO CARE PRO 8372 NW 64 ST. MIAMI, FL 33166	45-5606085		7,650.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARTKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	21,327.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MOLLY'S SUDS, LLC 7490 30TH AVE N ST. PETERSBURG, FL 33710	27-3537338		6,992.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
MORGANNA'S ALCHEMY LLC 10347 PALLADIO DRIVE NEW PORT RICHEY, FL 34655	74-3185110		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
MOTOR-SERVICES HUGO STAMP, INC. 3190 SW 4TH AVENUE FT. LAUDERDALE, FL 33315	59-2347143		11,165.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
NEO BROADBAND, INC. 8801 NW 23RD STREET DORAL, FL 33172	46-3436363		5,468.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
NEW NAUTICAL COATINGS, INC. 14805 49TH STREET NORTH CLEARWATER, FL 33762	59-3073054		5,385.	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
NORTH FLORIDA ECONOMIC DEVELOPMENT 3200 COMMONWEALTH BLVD. SUITE 7 TALLAHASSEE, FL 32303	20-4360126		20,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
NSCRYPT, INC 12151 RESEARCH PARKWAY, SUITE 150 ORLANDO, FL 32826	20-4937360		14,509.	0.			RURAL STRATEGIC MARKETING
OKEECHOBEE BOARD OF COUNTY COMMISSIONERS DBA FHERO - 304 NW 2ND ST. ROOM 123 - OKEECHOBEE, FL 34972	59-6000768	GOVERNMENT	37,430.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
OPPORTUNITY FLORIDA 4636 HWY 90 E. SUITE K MARIANNA, FL 32446	59-3654568		5,940.	0.			RURAL STRATEGIC MARKETING
ORTHOMERICA PRODUCTS, INC. 6333 N. ORANGE BLOSSOM TRAIL, SUITE ORLANDO, FL 32810	33-0343239		6,120.	0.			RURAL STRATEGIC MARKETING
OSADEV, INC. 4305 NW 81ST TERRACE CORAL SPRINGS, FL 33065	81-1715945		7,952.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PACKING INDUSTRY EQUIPMENT 1501 VENERA AVE. SUITE 220 CORAL GABLES, FL 33146	59-2191923		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PALLADIO BEAUTY GROUP LLC 3912 PEMBROKE ROAD HOLLYWOOD, FL 33021	45-4795700		24,100.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PAN MEDICAL US CORPORATION 7401 114TH AVENUE, BUILDING V - SUI LARGO, FL 33773	37-1755091		10,000.	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
PARAGON ENTERPRISES INC. 3300 CORPORATE AVE., SUITE 114 WESTON, FL 33331	65-1148969		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PEGASUS MEDICAL CONCEPTS, INC. 905 E ROSE STREET LAKELAND, FL 33801	20-4419675		5,850.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PERRY BAROMEDICAL CORP 3750 PROSPECT AVENUE RIVIERA BEACH, FL 33404	65-0314327		11,973.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PINWORX BOWLING INT'L LLC 101 SHEPARD AVENUE DUNDEE, FL 33838	26-1711242		26,179.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
POLK COUNTY 4177 BEN DURRANCE RD. BARTOW, FL 33830	59-6000809	GOVERNMENT	191,514.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
POWER AVIONICS AND ACCESSORIES 2550 NW 4TH COURT FT. LAUDERDALE, FL 33311	65-1194829		15,000.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
PRICE CHOPPER INC. 6325 MCCOY RD ORLANDO, FL 32822	59-3469404		10,472.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PROFESSIONAL TECHNOLOGY REPAIRS, LLC - 12200 NW 25TH ST STE 100 - MIAMI, FL 33182	82-0978169		6,533.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
PROPGLIDE USA CORP 4769 NW 72ND AVE. MIAMI, FL 33166	81-2746887		11,023.	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
RELLI TECHNOLOGY INC. 1200 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487	13-2883639		16,670.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
RGF ENVIRONMENTAL GROUP INC 1101 W. 13TH STREET RIVIERA BEACH, FL 33404	65-0313969		14,300.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ROGAGO CORP DBA YATNOW 941 SW EXCEL AVENUE PORT ST. LUCIE, FL 34953	27-0869991		8,597.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SAFEMARK SYSTEMS, LP 200 W SANDLAKE RD., SUITE 800 ORLANDO, FL 32809	58-2269006		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SALLY INDUSTRIES, INC DBA SALLY CORPORATION - 745 W. FORSYTH ST. - JACKSONVILLE, FL 32204	59-1788625		7,500.	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	196,122.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SATAMAZONE LLC 18009 SW 54TH STREET MIRAMAR, FL 33029	47-2021351		18,379.	0.			MILITARY - DEFENSE INFRASTRUCTURE IMPROVEMENTS
SCAR HEAL-ATLANTIC MEDICAL PRODUCTS LLC - 13191 STARKEY RD. UNIT 11 - LARGO, FL 33773	81-2869433		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SEAL SHIELD, LLC 3105 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	26-0440582		5,400.	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
SEBASTIAN CHAVARRIA DBA UCM HOLDINGS LLC - 1101 BRICKELL AVENUE, SOUTH TOWER 8TH FLOOR - MIAMI, FL 33131	47-4464057		9,801.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SHORT BLOCK TECHNOLOGIES, INC DBA SBT - 1401 N. MYRTLE AVE - CLEARWATER, FL 33755	59-3479331		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SOLARA, INC. 8376 NW 64TH STREET MIAMI, FL 33166	68-0660888		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SOUTH FLORIDA PROGRESS FOUNDATION 1601 BISCAYNE BLVD, BALLROOM LEVEL MIAMI, FL 33132	59-6216592	501(C)(3)	88,142.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SOUTHERN CROSS AVIATION LLC 1120 NW 51ST COURT FT. LAUDERDALE, FL 33309	65-1023365		17,333.	0.			MILITARY INSTALLATION AFFECTED BY BASE REALIGNMENT
STS COMPONENT SOLUTIONS LLC 2910 SW 42ND AVENUE PALM CITY, FL 34990	04-3672123		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SUNSET POST PRODUCTIONS 2400 NW 92ND AVENUE MIAMI, FL 33178	65-0814167		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
SUWANNEE COUNTY BOARD OF COUNTY COMMISSIONERS - 13150 80TH TERRACE - LIVE OAK, FL 32060	59-6000873	GOVERNMENT	5,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TAMPA HILLSBOROUGH EDC 101 E. KENNEDY BOULEVARD, SUITE 175 TAMPA, FL 33602	27-1010441		20,000.	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
TAPE TECHNOLOGIES 1272 HARBOR ROAD GREEN COVE SPRINGS, FL 32043	59-2863993		5,815.	0.			INTERNATIONAL PARTNER TRADE EVENT
TISSUEPRO TECHNOLOGY 3414 NW 34TH STREET GAINESVILLE, FL 32605	47-4877390		6,230.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TRACKTRACERX 1601 PARK CENTER DRIVE, UNIT #10 ORLANDO, FL 32835	26-0316801		5,078.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TRADE MISSION CENTER OF THE AMERICAS, INC. - 111 NW FIRST ST. 12TH FL - MIAMI, FL 33128	65-0996625		20,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TRI-TRONICS COMPANY INC. 7705 CHERI COURT TAMPA, FL 33634	36-2478786		6,270.	0.			INTERNATIONAL PARTNER TRADE EVENT
TRUE KERATIN INC 4851 NW 79TH AVE SUITE 8 DORAL, FL 33166	27-3259886		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
TURBO USA INC. 2950 S.W. 2ND AVENUE FT. LAUDERDALE, FL 33315	06-5529523		7,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
ULTRATECH INTERNATIONAL, INC. 11542 DAVIS CREEK COURT JACKSONVILLE, FL 32256	59-2825545		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
UNITED TELEPORTS INC. 19000 NE 5TH AVE MIAMI, FL 33179	46-2879145		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT

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(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	117,500.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
US AVIATION TRAINING SOLUTIONS INC. - 365 GOLDEN KNIGHTS BLVD. - TITUSVILLE, FL 32780	68-0123083		10,000.	0.			INTERNATIONAL EXPORT MARKETING PLAN ASSISTANCE
VEGGIES PETIT POIS, INC. 2202 WEST 78TH STREET HIALEAH, FL 33016	65-0977930		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
VELOCOMP LLC 1095 JUPITER PARK DRIVE SUITE #11 JUPITER, FL 33458	20-1880616		17,325.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
VERTICAL REALITY MFG, INC. 17511 SW 99TH ROAD MIAMI, FL 33157	20-3033869		9,624.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
VICTORIA WORLD WIDE BUSINESS CONNECTIONS GROUP, LLC - 5801 NW 151ST STREET, SUITE 203 - MIAMI LAKES, FL 33014	26-4546424		8,471.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
VISTAMATIC LLC 11713 NW 39TH STREET CORAL SPRINGS, FL 33065	41-2168793		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
WASHINGTON COUNTY CHAMBER OF COMMERCE - PO BOX 457 - CHIPLEY, FL 32428	59-0806232		5,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
WATER TECHNOLOGY OF PENSACOLA, INC. DBA ATB SYSTEMS - 3000 WEST NINE MILE ROAD - PENSACOLA, FL 32534	59-2595959		10,000.	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
WORLD PANEL PRODUCTS, INC. 1750 AUSTRALIAN AVENUE, SUITE 1 RIVIERA BEACH, FL 33404	65-0893919		12,703.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
WORTH INTERNATIONAL LLC DBA LC CELL - 130 NORTH TAMiami TRAIL - SARASOTA, FL 34236	47-2682060		16,786.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
XTREME BEAUTY INTERNATIONAL 15400 NW 34TH AVE. MIAMI GARDENS, FL 33054	81-0613160		10,000.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
YACHT CONTROLLER, LLC DBA THE YACHT GROUP - 4545 PONCE DELEON BLVD - CORAL GABLES, FL 33146	36-4597393		24,297.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT
YACHTPROJECTS INTERNATIONAL, LLC 1532 SW 13TH CT. POMPANO BEACH, FL 33069	20-0933233		6,135.	0.			INTERNATIONAL TARGET SECTOR TRADE SHOW GRANT

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 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) 2018

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) PETER ANTONACCI PRESIDENT & CEO THROUGH 12/5/18	(i)	181,024.	0.	0.	16,425.	16,167.	213,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIKE GRISSOM EVP	(i)	172,472.	0.	0.	18,942.	9,600.	201,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT SCHLOTMAN SVP & TREASURER	(i)	129,401.	0.	0.	14,338.	12,974.	156,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MANNY MENCIA SVP - IT&D	(i)	171,296.	0.	0.	18,844.	16,267.	206,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TIMOTHY VANDERHOOF SVP - BUS DEV	(i)	162,090.	0.	0.	17,842.	9,090.	189,022.	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)							

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.

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

2018

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:

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

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 \$ 3,956,829. INCL GRANTS OF \$ 2,460,006. REVENUE \$ 427,259.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

ENTERPRISE FLORIDA, INC.

Employer identification number

59-3165226

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:

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 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 IS REVIEWED AND

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

APPROVED BY THE FINANCE AND COMPENSATION COMMITTEE AND BOARD OF DIRECTORS.

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:

PROGRAM SERVICE EXPENSES	2,617,821.
MANAGEMENT AND GENERAL EXPENSES	51,120.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,668,941.

PAYROLL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	26,641.
FUNDRAISING EXPENSES	1,402.
TOTAL EXPENSES	28,043.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,588.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,588.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,702,572.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

**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

2018

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	125,000.	1,710,599.	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) 2018

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 OPPORTUNITY FUND, INC.	L	150,000.	FMV
(2) FLORIDA SPORTS FOUNDATION, INC.	N	54,000.	FMV
(3) FLORIDA SPORTS FOUNDATION, INC.	Q	1,059,703.	FMV
(4)			
(5)			
(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) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ENTERPRISE FLORIDA, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 800 NORTH MAGNOLIA AVE. , SUITE 1100</p> <p>City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803</p>	<p>D Employer identification number (Employees' trust, see instructions.) 59-3165226</p> <p>E Unrelated business activity code (See instructions.) 561000</p>
--	------------------------------	---	---

<p>C Book value of all assets at end of year 138,696,162.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ ROBERT SCHLOTMAN Telephone number ▶ 407-956-5600

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule) <u>STATEMENT 2</u>	12 10,000.		10,000.
13 Total. Combine lines 3 through 12	13 10,000.		10,000.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	10,000.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	10,000.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	0.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **CHIEF OPERATING OFFICER**

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

Paid Preparer Use Only

Print/Type preparer's name: **ALISA P. TRAIN** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00633872**

Firm's name: **CHERRY BEKAERT LLP** Firm's EIN: **56-0574444**

Firm's address: **800 N. MAGNOLIA AVE., SUITE 1300 ORLANDO, FL 32803** Phone no.: **(407) 423-7911**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

MANAGEMENT FUNCTIONS PERFORMED FOR FOF PA II

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
<u>DESCRIPTION</u>		<u>AMOUNT</u>
MANAGEMENT FEES		<u>10,000.</u>
TOTAL TO FORM 990-T, PAGE 1, LINE 12		<u><u>10,000.</u></u>