efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492050006199 **Short Form** OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 10-01-2017 and ending 09-30-2018 B Check if applicable D Employer identification number C Name of organization SPACE COAST HUMAN RESOURCE ASSOCIATION OF FLORIDA INC ☐ Address change 82-2663685 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return POST OFFICE BOX 541590 ☐ Final return/terminated (321) 722-9870 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return MERRITT ISLAND, FL 32954 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www spacecoasthr org **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀(insert no) □ 4947(a)(1) or □ 527 K Form of organization ☑ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 344 4 51 4 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 35,237 sum of such gross income and contributions exceeds \$15,000) 🐿 . . . 6с 19,619 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 15,618 Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe in Schedule O) 8 1.012 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 17.025 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 Expenses 13 13 Professional fees and other payments to independent contractors 1,311 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 738 16 Other expenses (describe in Schedule O) 16 7,979 17 Total expenses. Add lines 10 through 16 17 10,028 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,997 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20,352 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27,349 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

	. (2017)						Page 2
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		westion in this	Dart II			
	Check if the organization used Schedule	O to respond to any q	question in this		eginning of year	· ·	□ (B) End of year
22 Cash, sa	vings, and investments			(^) -	20,352	22	27,349
23 Land and	I buildings		[-	23	
24 Other as	sets (describe in Schedule O)		[24	
	sets				20,352		27,349
	bilities (describe in Schedule O)					26	
27 Net asso Part IIII	ets or fund balances (line 27 of column Statement of Program Service A	<u> </u>		f D.	20,352	27 T	27,349
Part III	Check if the organization used Schedule	•			🗆	(Re	Expenses equired for section 501(c)
	organization's primary exempt purpose?	•					and 501(c)(4) ganizations, optional for
Describe the measured by	rofessional training to HR Professionals organization's program service accompli expenses In a clear and concise manne and other relevant information for each pro	r, describe the service				_	ers)
28 See Addition	al Data Table						
(Grants \$)	If this amoun	t includes foreign gran	nts check here		▶ □	28a	
29	II tills amoun	t includes foreign gran	its, check here	• •	<u>. , , , , , , , , , , , , , , , , , , ,</u>	29a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
30						30a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
• •	ogram services (describe in Schedule O)		<u> </u>				
(Grants \$)	• '	t includes foreign gran			. ▶ □	31a	
32 Total pro	ogram service expenses (add lines 28a	through 31a)			•	+	10,028
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one eve	n if not co	ompensated — see the	ınstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to any q	luestion in this	Part IV.		• •	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if not enter -0	tion 1099- t paid,	(d) Health ben contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
Laurie Davis		005 00		0			
President							
Julie Song		005 00		0			
Treasurer							
Jennifer Dick	son	002 00		0			
Secretary							
Valarese V P	oole	002 00		0			
Director McShell Alve	rez-Rivoh	002 00		0			
		002 00		J			
President-Ele	ect						

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.	<u></u>	<u> </u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	The organization's books are in care of ▶ Julie Song Telephone no ▶ (321) 7	22-9870	<u>) </u>
	Located at ▶ PO Box 541590 Merritt Island, FL ZIP + 4 ▶	3295	41590	
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ſ		
D	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43	[Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	. 55	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No.
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			
of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				No

Form 990	D-EZ (20	17)						Page 4
							Yes	No
		anization engage, directly or indire for public office? If "Yes," complet						
			· 			46		No
Part V		ction 501(c)(3) organizatio section 501(c)(3) organizatior		ions 47-49b and 52.	and complete the ta	ables for I	ınes 50	and 51
	Che	ck if the organization used Schedu	le O to respond to any q	uestion in this Part VI		<u> </u>		
							Yes	No
		anization engage in lobbying activ	ities or have a section 50	01(h) election in effect	during the tax year?	. 47		
If'	If "Yes," complete Schedule C, Part II							
48 Is	the orga	nization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E .	. 48		
49a Did	Did the organization make any transfers to an exempt non-charitable related organization?							
b If '	"Yes," wa	as the related organization a section	on 527 organization? .			. 49b		
50 Co	mplete t	his table for the organization's five	e highest compensated e	mployees (other than o	officers, directors, trust	ees and ke	y employ	/ees)
wh	no each r	eceived more than \$100,000 of co	mpensation from the org	janization If there is r	ione, enter "None "			
((a) Nam	e and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits contributions to emplo	, , ,	stimated her comp	
			devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensat		·	
				MISC)	deferred compensat	011		
NONE								
		ion from the organization If there (a) Name and business address of		actor	(b) Type of service	(c) Comp	pensation	1
NONE								
								—
d ⊺	otal nun	nber of other independent contract	ors each receiving over					
		organization complete Schedule A? ed Schedule A						
	11							
knowledg	ge and be	f perjury, I declare that I have exa elief, it is true, correct, and comple						
nas any k	knowledg	ge						
	***	***						
Sign	Sig	Signature of officer						
Here		e Song Treasurer e or print name and title						
	I I I I I	Print/Type preparer's name	Preparer's signature					
Paid		Thomas J Kasıca CPA	Treparer 3 Signature					
repai	rer	Firm's name Thomas J Kasica CP	A PA					
Use O		Firm's address ▶ 2210 Front St Suite	301					
	Melbourne, FL 329017505							
Max. # *	TDC 4	too this poture with the access	nown shows? Co					
nay the I	™⊃ aizcr	iss this return with the preparer sl	TOWIT above, See IUSTLING					

Additional Data

Software ID: 17005317

Software Version: 18.2.0.0 **EIN:** 82-2663685

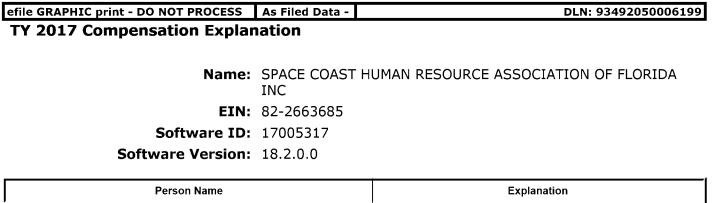
Name: SPACE COAST HUMAN RESOURCE ASSOCIATION OF

Expenses

FLORIDA INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organiza services, as measure number of persons be	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
28 Held multiple monthly li Managers and staff	uncheons to provide educational training and support to the local Human Resource	28a	10,028	
(Grants \$)	If this amount includes foreign grants, check here \ldots . \blacktriangleright \Box			



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492050006199 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization SPACE COAST HUMAN RESOURCE ASSOCIATION OF FLORIDA INC 82-2663685 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations Solicitation of government grants Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events MONTHLY **ANNUAL** (add col (a) through **MEMBERSHIP CONFERENCE** (total number) col (c)) **MEETINGS** (event type) (event type) Revenue 1 Gross receipts. 11,144 24,093 35,237 2 Less Contributions. 3 Gross income (line 1 minus 11,144 24,093 35,237 line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 1,065 1,065 7 Food and beverages 6,649 7,218 13,867 Direct 8 Entertainment 9 Other direct expenses 4.687 4,687 10 Direct expense summary Add lines 4 through 9 in column (d) 19,619 11 Net income summary Subtract line 10 from line 3, column (d) . 15,618 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain .

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3		
11	Does the organization conduct gaming	activities with nonmember	rs?		Yes	□No			
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes				
13	Indicate the percentage of gaming act	ivity conducted in							
а	The organization's facility			13a			%		
b	An outside facility			13b			%		
14	Enter the name and address of the pe	rson who prepares the orga	anization's gaming/special events books and re	ecords					
	Name >								
	Address P								
15a	Does the organization have a contract revenue?	with a third party from wh	om the organization receives gaming		□Yes	□No			
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b			ne					
С	If "Yes," enter name and address of the	ne third party							
	Name ►								
	Address ►								
16	Gaming manager information								
	Name ►								
	Gaming manager compensation ► \$		·····						
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions								
а	Is the organization required under sta retain the state gaming license?	te law to make charitable d	listributions from the gaming proceeds to		Yes	Пио			
b	·		uted to other exempt organizations or spent						
Dar	in the organization's own exempt active tive Supplemental Information		tions required by Part I, line 2b, column	s (m) s	and (v): a	nd Dart			
لكس			plicable. Also provide any additional info				s)		
	Return Reference		Explanation						

Schedule G (Form 990 or 990-EZ) 2017

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SCHEDUL	FΩ	Supplement	al Information to Form	990 or 990.	.F <i>7</i>	OMB No 1545-0047	
(Form 990 or 990- EZ) Department of the Treasury Com Com Find the Treasury		Complete to pro Form 990 o	lete 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. Ition about Schedule O (Form 990 or 990-EZ) and its instructions is a www.irs.gov/form990.			2017 Open to Public Inspection	
	1AN RESOUR	CE ASSOCIATION OF FLORIDA		'	loyer ident	tification number	
Return Reference			Explanation				
Form 990- EZ, Part I, Line 8, Other Revenue	Miscellane	eous 38					

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Reimbursements 974 EZ, Part I, Line 8, Other

Revenue

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Travel 1.261 EZ, Part I, Line 16,

Other Expenses

Return Explanation Reference Form 990-Meals and entertainment 176 EZ, Part I,

Line 16, Other Expenses

Return
Reference

Form 990Conferences, conventions, and meetings 950

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation Reference Form 990-Supplies 163 EZ, Part I,

Line 16, Other Expenses

Return Explanation Reference Form 990-Advertising and marketing 1,440 EZ, Part I,

Line 16, Other Expenses

Return Reference
Form 990- Dues and subscriptions 1,525

Expenses

Form 990- Dues and subscriptions 1,525

EZ, Part I,
Line 16,
Other

Return Explanation Reference Form 990-Scholarships 500

Form 990- | Scholarships 500

EZ, Part I,
Line 16,
Other

990 Schedule O, Supplemental Information

Expenses

Return Explanation

Form 990Bank charges 361

Expenses

Form 990- Bank charges 361
EZ, Part I,
Line 16,
Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Postage 119 EZ, Part I, Line 16, Other

Expenses

Return Explanation
Form 990For Port | Promotional material 1,354

Expenses

Form 990- Promotional material 1,354

EZ, Part I,
Line 16,
Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Miscellaneous 130 EZ, Part I, Line 16,

Other Expenses