

Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150  
**2017**  
**Open to Public Inspection**

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

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

**C** Name of organization: Florida Space Coast Golf Association Inc  
Number and street (or P O box, if mail is not delivered to street address) / Room/suite: P O Box 560457 c/o Milly Dedekind  
City or town, state or province, country, and ZIP or foreign postal code: Rockledge, FL 329560457

**D** Employer identification number: 59-3757385  
**E** Telephone number: (321) 213-3403  
**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: spacecoastgolf.com  
**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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 15,728

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	4,725
3	Membership dues and assessments	9,455
4	Investment income	
5a	Gross amount from sale of assets other than inventory	5a
5b	Less cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
6c	Less direct expenses from gaming and fundraising events	6c
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a	Gross sales of inventory, less returns and allowances	7a
7b	Less cost of goods sold	7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe in Schedule O)	1,548
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	15,728
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	4,600
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	446
16	Other expenses (describe in Schedule O)	4,965
17	<b>Total expenses.</b> Add lines 10 through 16	10,011
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	5,717
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	13,843
20	Other changes in net assets or fund balances (explain in Schedule O)	-1,096
21	Net assets or fund balances at end of year Combine lines 18 through 20	18,464

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	18,458	<b>22</b> 17,889
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b> 575
<b>25</b> Total assets . . . . .	18,458	<b>25</b> 18,464
<b>26</b> Total liabilities (describe in Schedule O). . . . .	4,615	<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,843	<b>27</b> 18,464

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Promote tourism in Brevard County, Florida	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	
<b>28</b> See Additional Data Table	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>	<b>29a</b>
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>30</b>	<b>30a</b>
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b> 3,324

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
David Tomczak President, Vice President Treasurer	002 00	0		
Joe Tucker Secretary	002 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**

Yes	No
	No

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . **47**

Yes	No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**

Yes	No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**

Yes	No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**

Yes	No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . **f** \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **d** \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations that have completed Schedule A . . . . . **52**

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, 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  
 David Tomczak President  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Anita S McDaniel	Preparer's signature
Firm's name ▶ Anita S McDaniel CPA	
Firm's address ▶ 315 Magnolia Avenue Merritt Island, FL 329524817	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

## Additional Data

**Software ID:** 17005317

**Software Version:** 18.2.0.0

**EIN:** 59-3757385

**Name:** Florida Space Coast Golf Association Inc

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

<b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<b>28</b> Create and grow Brevard County, Florida as a golf vacation destination by providing golf with premier service at affordable pricing (Grants \$ 14,180)  If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>	3,324

**TY 2017 Compensation Explanation****Name:** Florida Space Coast Golf Association Inc**EIN:** 59-3757385**Software ID:** 17005317**Software Version:** 18.2.0.0

Person Name

Explanation

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Florida Space Coast Golf Association Inc

Employer identification number

59-3757385

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Reimburse 2016-2017 brochure production costs by Space Coast Office of Tourism 1,543

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Refund of bank service fees 5



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16, Other Expenses	Florida Today advertising 3,013

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16, Other Expenses	Cellular telephone 480

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16, Other Expenses	Dues subscriptions 500

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16, Other Expenses	Insurance 254

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16, Other Expenses	Mileage 657

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16, Other Expenses	Annual corporate report 61

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 20, Net Assets	Adjustment to September 2018 for change from cash basis to accrual basis of accounting -1,096

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part II, Line 24, Other Assets	Accounts receivable Beginning of year 0, End of year 575



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	Reconciliation of prior year and current year receivable/payable clearing accounts Beginning of year 4,615, End of year 0