

Form 990
2017Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

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 | C Name of organization FLORIDA BUSINESS DEVELOPMENT CORP | | | D Employer identification number 65-0179159 | |
| <input type="checkbox"/> Address change | Doing business as | | | E Telephone number (813) 348-0660 | |
| <input type="checkbox"/> Name change | Number and street (or P O box if mail is not delivered to street address) 1715 N WESTSHORE BLVD SUITE 780 | | | Room/suite | G Gross receipts \$ 9,225,875 |
| <input type="checkbox"/> Initial return | City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33607 | | | | |
| <input type="checkbox"/> Final return/terminated | F Name and address of principal officer WILLIAM HABERMEYER 1715 N WESTSHORE BLVD STE 780 TAMPA, FL 33607 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Amended return | | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Application pending | | | | If "No," attach a list (see instructions) | |
| I Tax-exempt status | <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(c) Group exemption number ► | |
| J Website: ► WWW FBDC NET | | | | | |
| 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 | M State of legal domicile |

Part I Summary

| |
|---|
| 1 Briefly describe the organization's mission or most significant activities ASSIST HEALTHY, GROWING SMALL BUSINESSES ACCESS CAPITAL VIA THE SBA 504, COMMUNITY ADVANTAGE AND DIRECT LOAN PROGRAMS |
| |
| |

| | | |
|--|----|----|
| 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | 3 | 11 |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 4 | 10 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 5 | 47 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 6 | 22 |
| 6 Total number of volunteers (estimate if necessary) | 7a | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7b | |
| b Net unrelated business taxable income from Form 990-T, line 34 | | |

| | | |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 Program service revenue (Part VIII, line 2g) | 8,811,821 | 8,809,336 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 210,098 | 416,539 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,021,919 | 9,225,875 |

| | | |
|--|-----------|-----------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 121,008 | 224,254 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,168,834 | 6,078,582 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ►0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,476,880 | 2,299,352 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,766,722 | 8,602,188 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,255,197 | 623,687 |

| | | |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) | 30,716,497 | 31,253,302 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 757,361 | 670,479 |
| | 29,959,136 | 30,582,823 |

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 WILLIAM HABERMEYER PRESIDENT, SEC, TREA Type or print name and title | 2018-01-29 Date |
|-----------|--|--------------------|

| | | | | | |
|------------------------|--|---------------------------------------|--------------------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name KRISTEN BRAND | Preparer's signature KRISTEN BRAND | Date 2019-02-11 | Check <input type="checkbox"/> if self-employed | PTIN P00353751 |
| | Firm's name ► HANCOCK ASKEW & CO LLP | | | Firm's EIN ► 20-0209125 | |
| | Firm's address ► 442 W KENNEDY BLVD STE 390 TAMPA, FL 336061495 | | | Phone no (813) 254-2727 | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO CREATE ECONOMIC DEVELOPMENT BY ASSISTING BUSINESSES TO ACQUIRE SBA 504 FINANCING TO EXPAND THEIR BUSINESSES BY ACQUIRING, RENOVATING OR CONSTRUCTING REAL ESTATE AND/OR ACQUIRING MACHINERY AND EQUIPMENT THE EXPANDED BUSINESSES LEAD TO THE CREATION AND RETENTION OF JOBS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule C.

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes No

If "Yes," describe these changes on Schedule C.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 7,595,085 including grants of \$ 222,504) (Revenue \$ 8,809,336)
See Additional Data

4b (Code) (Expenses \$ 1,750 including grants of \$ 1,750) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$

including grants of \$

1.1 (Revenue

1

4e Total program service expenses ►

7.596.835

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)? If "Yes," complete Schedule A | 1 | No |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete <i>Schedule C, Part I</i> | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i> | 4 | |
| 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? If "Yes," complete <i>Schedule C, Part III</i> | 5 | No |
| 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? If "Yes," complete <i>Schedule D, Part I</i> | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i> | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i> | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete <i>Schedule D, Part IV</i> | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete <i>Schedule D, Part V</i> | 10 | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i> | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VII</i> | 11b | Yes |
| 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? If "Yes," complete <i>Schedule D, Part VIII</i> | 11c | Yes |
| 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? If "Yes," complete <i>Schedule D, Part IX</i> | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i> | 11e | No |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete <i>Schedule D, Part XI</i> | 11f | Yes |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i> | 12a | Yes |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing <i>Schedule D, Parts XI and XII</i> is optional | 12b | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i> | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete <i>Schedule F, Parts I and IV</i> | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete <i>Schedule F, Parts II and IV</i> | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete <i>Schedule F, Parts III and IV</i> | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete <i>Schedule G, Part I</i> (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>Schedule G, Part II</i> | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i> | 19 | No |

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
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? If "Yes," complete Schedule I, Parts I and II
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? If "Yes," complete Schedule I, Parts I and III
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? If "Yes," complete Schedule J

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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a
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? If "Yes," complete Schedule L, Part I
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

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? If "Yes," complete Schedule L, Part III

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? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

| | Yes | No |
|------------|------------|-----------|
| 20a | | No |
| 20b | | |
| 21 | Yes | |
| 22 | | No |
| 23 | Yes | |
| 24a | | No |
| 24b | | |
| 24c | | |
| 24d | | |
| 25a | | No |
| 25b | | No |
| 26 | | No |
| 27 | | No |
| 28a | | No |
| 28b | | No |
| 28c | | No |
| 29 | | No |
| 30 | | No |
| 31 | | No |
| 32 | | No |
| 33 | | No |
| 34 | | No |
| 35a | | No |
| 35b | | |
| 36 | | |
| 37 | | No |
| 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|--|------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . | 1a | 27 | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 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 | 47 | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 3b | | |
| 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)? | 4a | No | |
| 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? | 5a | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 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? | 6a | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | 7a | | |
| 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? | 7b | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 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? | 8 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 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? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| 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 | No | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | |

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

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

Section A. Governing Body and Management

| Line | Description | Yes | No |
|------|---|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 |
| | 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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 10 |
| 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? | 2 | No |
| 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? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | No |
| 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? | 7a | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | 8a | Yes |
| a | The governing body? | 8b | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 9 | No |
| 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 | | |

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

| Line | Description | Yes | No |
|------|--|-----|-----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| 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? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 12a | Yes |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12b | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12c | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 13 | Yes |
| 13 | Did the organization have a written whistleblower policy? | 14 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 15a | Yes |
| 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? | 15b | Yes |
| a | The organization's CEO, Executive Director, or top management official | 16a | No |
| b | Other officers or key employees of the organization | 16b | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 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? | | |
| 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► | AL , FL , GA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | |
| | <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 | ►BOB ZINKIL 1715 N WESTSHORE BLVD SUITE 780 TAMPA, FL 33607 (813) 348-0660 |

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, or highest compensated employees who received more than \$100,000 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

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

1b Sub-Total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

3.214.406

715.678

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 ► 13

| | | 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 | 3 | Yes |
| 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 | 4 | Yes |
| 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 | 5 | No |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |

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 ►

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | |
| | b Membership dues . . . | 1b | | | | |
| | c Fundraising events . . . | 1c | | | | |
| | d Related organizations . . . | 1d | | | | |
| | e Government grants (contributions) . . . | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . . . | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f \$. . . | | | | | |
| | h Total. Add lines 1a-1f . . . ► | | | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a LOAN PROCESSING/SERVICING . . . | | 7,813,567 | 7,813,567 | | |
| | b INTEREST INCOME . . . | | 995,769 | 995,769 | | |
| | c . . . | | | | | |
| | d . . . | | | | | |
| | e . . . | | | | | |
| | f All other program service revenue . . . | | | | | |
| | g Total. Add lines 2a-2f . . . ► | | 8,809,336 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) . . . ► | | 416,539 | 416,539 | | |
| | 4 Income from investment of tax-exempt bond proceeds . . . ► | | | | | |
| | 5 Royalties . . . ► | | | | | |
| | 6a Gross rents . . . | (i) Real | (ii) Personal | | | |
| | b Less rental expenses . . . | | | | | |
| | c Rental income or (loss) . . . | | | | | |
| | d Net rental income or (loss) . . . ► | | | | | |
| | 7a Gross amount from sales of assets other than inventory . . . | (i) Securities | (ii) Other | | | |
| b Less cost or other basis and sales expenses . . . | | | | | | |
| c Gain or (loss) . . . | | | | | | |
| d Net gain or (loss) . . . ► | | | | | | |
| 8a Gross income from fundraising events (not including \$. . . of contributions reported on line 1c) See Part IV, line 18 . . . | a | | | | | |
| b Less direct expenses . . . | b | | | | | |
| c Net income or (loss) from fundraising events . . . ► | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 . . . | a | | | | | |
| b Less direct expenses . . . | b | | | | | |
| c Net income or (loss) from gaming activities . . . ► | | | | | | |
| 10a Gross sales of inventory, less returns and allowances . . . | a | | | | | |
| b Less cost of goods sold . . . | b | | | | | |
| c Net income or (loss) from sales of inventory . . . ► | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a . . . | | | | | | |
| b . . . | | | | | | |
| c . . . | | | | | | |
| d All other revenue . . . | | | | | | |
| e Total. Add lines 11a-11d . . . ► | | | | | | |
| 12 Total revenue. See Instructions . . . ► | | 9,225,875 | 9,225,875 | | | |

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

| 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 | 224,254 | 224,254 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | 4,634,481 | 4,078,343 | 556,138 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 494,745 | 435,376 | 59,369 | |
| 9 Other employee benefits | 642,593 | 565,482 | 77,111 | |
| 10 Payroll taxes | 306,763 | 269,951 | 36,812 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 280,758 | 247,068 | 33,690 | |
| c Accounting | 102,143 | 89,886 | 12,257 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 61,475 | 54,098 | 7,377 | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 382,777 | 336,843 | 45,934 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 481,596 | 423,804 | 57,792 | |
| 17 Travel | 3,640 | 3,203 | 437 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 147,477 | 129,780 | 17,697 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 28,750 | 25,300 | 3,450 | |
| 23 Insurance | 46,272 | 40,719 | 5,553 | |
| 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 SETTLEMENT EXPENSE | 424,107 | 373,214 | 50,893 | |
| b BUSINESS DEVELOPMENT | 254,808 | 224,231 | 30,577 | |
| c VEHICLE EXPENSES | 50,621 | 44,546 | 6,075 | |
| d DUES & MEMBERSHIPS | 15,511 | 13,650 | 1,861 | |
| e All other expenses | 19,417 | 17,087 | 2,330 | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,602,188 | 7,596,835 | 1,005,353 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|--|--------------------------|---------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 1,951,430 | 1 | 1,697,385 |
| | 2 Savings and temporary cash investments | 62,315 | 2 | 342,410 |
| | 3 Pledges and grants receivable, net | 789,959 | 3 | |
| | 4 Accounts receivable, net | 789,959 | 4 | 942,838 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 6 | | |
| | 7 Notes and loans receivable, net | 7 | | |
| | 8 Inventories for sale or use | 8 | | |
| | 9 Prepaid expenses and deferred charges | 9 | | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 368,726 | | |
| | b Less accumulated depreciation | 10b | 214,787 | 10c |
| | | 102,750 | 10c | 153,939 |
| | 11 Investments—publicly traded securities | 20,920,770 | 11 | 17,153,175 |
| | 12 Investments—other securities See Part IV, line 11 | 12 | | 3,870,000 |
| | 13 Investments—program-related See Part IV, line 11 | 6,802,645 | 13 | 7,030,171 |
| | 14 Intangible assets | 14 | | |
| | 15 Other assets See Part IV, line 11 | 86,628 | 15 | 63,384 |
| | 16 Total assets Add lines 1 through 15 (must equal line 34) | 30,716,497 | 16 | 31,253,302 |
| Liabilities | 17 Accounts payable and accrued expenses | 757,361 | 17 | 670,479 |
| | 18 Grants payable | 18 | | |
| | 19 Deferred revenue | 19 | | |
| | 20 Tax-exempt bond liabilities | 20 | | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 25 | | |
| | 26 Total liabilities Add lines 17 through 25 | 757,361 | 26 | 670,479 |
| 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 | 29,959,136 | 27 | 30,582,823 |
| | 28 Temporarily restricted net assets | 28 | | |
| | 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 | 29,959,136 | 33 | 30,582,823 |
| | 34 Total liabilities and net assets/fund balances | 30,716,497 | 34 | 31,253,302 |

Part XI Reconciliation of Net AssetsCheck 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 | 9,225,875 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,602,188 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 623,687 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 29,959,136 |
| 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 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 30,582,823 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|----|---|-----|-----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 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 | 2a | No |
| | <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2b | 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 | 2b | Yes |
| | <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 | 2c | Yes |
| 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? | 3a | No |
| 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 | 3b | |

Additional Data

Software ID:

Software Version:

EIN: 65-0179159

Name: FLORIDA BUSINESS DEVELOPMENT CORP

Form 990 (2017)

Form 990, Part III, Line 4a:

SBA 504 LOAN PROGRAM - THE CORPORATION IS APPROVED BY THE SBA AS A SECTION 504 CERTIFIED DEVELOPMENT CORP. FINANCIAL ASSISTANCE AND LONG-TERM FINANCING ARE PROVIDED TO BUSINESSES IN AN EFFORT TO RETAIN AND CREATE JOBS AND BUILD THE LOCAL ECONOMY. FBDC IS THE SIXTH MOST ACTIVE CERTIFIED DEVELOPMENT COMPANY (CDC) NATIONWIDE FOR THE FISCAL YEAR ENDED SEPTEMBER 2018 AND DURING THE PAST 29 YEARS HAS ORIGINATED OVER 6,500 SMALL BUSINESS LOANS RESULTING IN OVER 9.3 BILLION IN APPROVED PROJECTS AND CONTRIBUTED TO THE RETENTION AND/OR CREATION OF THOUSANDS OF JOBS

Form 990, Part III, Line 4b:

GENERAL DONATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|---------|--------------|---------------------|----------|----------|---|--|---|
| Officer or director or individual trustee | Individual trustee | Institutional Trustee | Officer | Key Employee | Highest Compensated | Employee | Form 990 | Form 990 | Form 990 | |
| WILLIAM HABERMAYER PRESIDENT, S | 40 00 | X | | X | | | | 369,939 | 0 | 77,569 |
| SEABRON SMITH DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| HARRY ZUKER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARC WOONTON DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| OMAR OJEDA DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| TONY PALAZZO CHAIRMAN | 1 00 | X | | | | | | 0 | 0 | 0 |
| DONNA LEWIS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MATHEW SCHUH DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| GEORGE C HAWKINS III DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JEFFREY HUNT DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|---|--|--------------------|-----------------------|--------------|---------------------|--------|--|---|---|
| | | Officer | Individual trustee | Institutional trustee | Key employee | Highest compensated | Former | | | |
| CHRIS BOUTON DIRECTOR | 1 00 | | X | | | | | 0 | 0 | 0 |
| EDUARDO GESIO EXEC VICE P | 40 00 | | | X | | | | 322,000 | 0 | 72,351 |
| MARK MAYHEW SR VICE PRE | 40 00 | | | X | | | | 304,721 | 0 | 59,880 |
| MARK HOELLER SR VICE PRE | 40 00 | | | X | | | | 230,677 | 0 | 35,501 |
| CORY STEWART SR VICE PRE | 40 00 | | | X | | | | 176,142 | 0 | 44,540 |
| TIMOTHY CRAMER EXEC VICE P | 40 00 | | | X | | | | 174,369 | 0 | 36,525 |
| HELEN BENNETT SR VICE PRE | 40 00 | | | X | | | | 150,749 | 0 | 34,557 |
| RAI DONELSON CHIEF COMPLI | 40 00 | | | X | | | | 137,000 | 0 | 25,574 |
| CHARLES WILSON ASSISTANT VP | 40 00 | | | X | | | | 97,409 | 0 | 19,874 |
| MILTON ESPINOZA SR VICE PRE | 40 00 | | | X | | | | 91,048 | 0 | 13,976 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|----------------------------------|---|--|-----------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|---|---|--|
| | | Officer | Key Employee | Honoraria and Compensation | Honoraria and Compensation | Honoraria and Compensation | Honoraria and Compensation | Honoraria and Compensation | Honoraria and Compensation | Honoraria and Compensation | |
| JEANETTE BOHIGAS ASSISTANT SE | 40 00 | | X | | | | | 91,035 | 0 | 34,432 | |
| RENE MADORMO ASSISTANT SE | 40 00 | | X | | | | | 81,158 | 0 | 26,277 | |
| HEATHER CREWS ASSISTANT SE | 40 00 | | X | | | | | 78,795 | 0 | 24,968 | |
| KARA NICHOLS ASSISTANT SE | 40 00 | | X | | | | | 68,158 | 0 | 26,944 | |
| MARIA BENCOSME ASSISTANT SE | 40 00 | | X | | | | | 66,950 | 0 | 24,456 | |
| CURRY WORKMAN VICE PRESIDE | 40 00 | | X | | | | | 59,272 | 0 | 4,167 | |
| DANIEL MARTINEZ VICE PRESIDE | 40 00 | | X | | | | | 24,750 | 0 | 1,352 | |
| BOB ZINKIL CHIEF OPERAT | 40 00 | | X | | | | | 0 | 0 | 0 | |
| ARMANDO MARTINEZ BUSINESS DEV | 40 00 | | | X | | | | 167,767 | 0 | 43,550 | |
| DANA ALBURY BUSINESS DEV | 40 00 | | | X | | | | 141,339 | 0 | 21,447 | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|----------|--------------|---------------------------------|--------|--|---|--|
| | | Individual trustee or director | Institutional Trustee | Official | Key employee | Highest compensated employee | Former | | | |
| ANKUR PATELJR CREDIT O | 40 00 | | | | | X | | 122,030 | 0 | 22,972 |
| MICHAEL QUANTUNDERWRITER | 40 00 | | | | | X | | 115,659 | 0 | 37,504 |
| PARALEE THIEFAULTVICE PRESIDE | 40 00 | | | | | | X | 143,439 | 0 | 27,262 |

2017

Open to Public
InspectionSCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
FLORIDA BUSINESS DEVELOPMENT CORPEmployer identification number
65-0179159**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? Yes No6 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? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

a Total number of conservation easements

| Held at the End of the Year | |
|-----------------------------|--|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

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

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

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ►
- b Permanent endowment ►
- c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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 | | 22,210 | 7,059 | 15,151 |
| d Equipment | | 346,516 | 207,728 | 138,788 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ► | | | | 153,939 |

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) TIME DEPOSITS | 3,870,000 | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 3,870,000 | |

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) NOTES RECEIVABLE | 7,119,988 | C |
| (2) ALLOWANCE FOR LOSS | -89,817 | C |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | 7,030,171 | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | |

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (1) (a) Description of liability | (b) Book value | |
|--|----------------|--|
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 9,225,875 |
| 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 | 9,225,875 |
| 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 | 9,225,875 |

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 | 8,602,188 |
| 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 | 8,602,188 |
| 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 | 8,602,188 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
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Part XIII Supplemental Information (continued)

| Return Reference | Explanation |
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Additional Data

Software ID:

Software Version:

EIN: 65-0179159

Name: FLORIDA BUSINESS DEVELOPMENT CORP

Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE D, PAGE 3, PART X | FBDC IS A NON-PROFIT CORPORATION WHICH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C)(4) OF THE INTERNAL REVENUE CODE ("IRC") AND, ACCORDINGLY, GENERALLY WOULD NOT INCUR IN COME TAXES AS A RESULT, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TA XES FBDC RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSE S THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF THE YEAR AT SEPTEMBER 30, 2018 AND 2017, FBDC'S MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS FBDC CONTINUALLY EVA LUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS THE U S FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE FBDC FILES INCOME TAX RETURNS FBDC IS GENERALLY NO LONGER SUBJECT TO U S FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2015 |

**Schedule I
(Form 990)****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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2017****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

Name of the organization

FLORIDA BUSINESS DEVELOPMENT CORP

Employer identification number

65-0179159

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

| (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 |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

8

3 Enter total number of other organizations listed in the line 1 table ►

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID:

Software Version:

EIN: 65-0179159

Name: FLORIDA BUSINESS DEVELOPMENT CORP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE TED CENTER (FLORIDA WOMEN'S BUSINESS CENTER) 401 WEST ATLANTIC AVENUE SUITE 9 DELRAY BEACH, FL 33444 | 65-0362710 | 501C3 | 60,000 | | | | ECONOMIC DEVELOPMENT |
| ARSENAL PLACE INC PO BOX 593 SELMA, AL 36702 | 47-1760801 | 501C3 | 25,000 | | | | TRAINING CENTER |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOYS & GIRLS CLUB OF TAMPA BAY 1307 N MACDILL AVENUE TAMPA, FL 33607 | 59-0624368 | 501C3 | 10,000 | | | | EMPLOYMENT ACADEMY |
| COMMUNITY SUSTAINABILITY ENTERPRISE INC 871 COMMONWEALTH AVE SE ATLANTA, GA 30312 | 47-3565827 | 501C3 | 25,000 | | | | WORK TRAINING PROG |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOUSING INITIATIVE OF NORTH FULTON INC DBA HOMESTRETCH 89 GROVE WAY ROSWELL, GA 30075 | 58-2051038 | 501C3 | 25,000 | | | SUPPORTIVE HOUSING | |
| INNOVATION DEPOT INC 1500 1ST AVENUE NORTH BIRMINGHAM, AL 35203 | 63-0917530 | 501C3 | 25,000 | | | ECONOMIC DEVELOPMENT | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROLLINS COLLEGE 1000 HOLT AVENUE WINTER PARK, FL 32789 | 59-0624440 | 501C3 | 25,000 | | | ACCELERATOR PROGRAM | |
| TAMPA BAY WAVE INC 500 E KENNEDY BLVD SUITE 300 TAMPA, FL 33602 | 27-4779851 | 501C3 | 25,000 | | | LEADERSHIP PROGRAM | |

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
FLORIDA BUSINESS DEVELOPMENT CORPEmployer identification number
65-0179159**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 (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

| | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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 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 in 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 | Yes | |
| 4b | | No |
| 4c | | No |
| | | |
| | | |
| 5a | Yes | |
| 5b | | No |
| | | |
| 6a | | No |
| 6b | | No |
| | | |
| 7 | | No |
| | | |
| 8 | | No |
| 9 | | |

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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(ii) 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 | | | | |

See Additional Data Table

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|-------------------------------------|---|
| SCHEDULE J, PAGE 1, PART I, LINE 4 | PARALEE THIEFAULT 61,500 0 0 |
| SCHEDULE J, PAGE 1, PART I, LINE 5A | BONUSES FOR BUSINESS DEVELOPMENT OFFICERS ARE BASED ON A PRODUCTION COMPENSATION PLAN. THE PLAN PAYS A PROGRESSIVE PREMIUM BASED UPON THE ACTUAL LOAN FUNDING DOLLARS PRODUCED DURING THE YEAR. |

Additional Data

Software ID

Software Version

EIN: 65-0179159

Name: FLORIDA BUSINESS DEVELOPMENT CORP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (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 WILLIAM HABERMAYER PRESIDENT, SEC, TREAS | (i) 224,939 | 145,000 | | 54,000 | 23,569 | 447,508 | |
| | (ii) | | | | | | |
| 1 EDUARDO GESIO EXEC VICE PRESIDENT | (i) 227,000 | 95,000 | | 53,040 | 19,311 | 394,351 | |
| | (ii) | | | | | | |
| 2 MARK MAYHEW SR VICE PRESIDENT | (i) 174,125 | 130,596 | | 36,372 | 23,508 | 364,601 | |
| | (ii) | | | | | | |
| 3 MARK HOELLER SR VICE PRESIDENT | (i) 130,939 | 99,738 | | 27,569 | 7,932 | 266,178 | |
| | (ii) | | | | | | |
| 4 CORY STEWART SR VICE PRESIDENT | (i) 132,375 | 43,767 | | 21,032 | 23,508 | 220,682 | |
| | (ii) | | | | | | |
| 5 TIMOTHY CRAMER EXEC VICE PRESIDENT | (i) 174,369 | | | 21,120 | 15,405 | 210,894 | |
| | (ii) | | | | | | |
| 6 HELEN BENNETT SR VICE PRESIDENT | (i) 139,629 | 11,120 | | 18,014 | 16,543 | 185,306 | |
| | (ii) | | | | | | |
| 7 RAI DONELSON CHIEF COMPLIANCE OFF | (i) 137,000 | | | 17,591 | 7,983 | 162,574 | |
| | (ii) | | | | | | |
| 8 ARMANDO MARTINEZ BUSINESS DEV OFFICER | (i) 109,750 | 58,017 | | 20,042 | 23,508 | 211,317 | |
| | (ii) | | | | | | |
| 9 DANA ALBURY BUSINESS DEV OFFICER | (i) 141,339 | | | 17,280 | 4,167 | 162,786 | |
| | (ii) | | | | | | |
| 10 MICHAEL QUANT UNDERWRITER | (i) 109,119 | 6,540 | | 13,865 | 23,639 | 153,163 | |
| | (ii) | | | | | | |
| 11 PARALEE THIEFAULT VICE PRESIDENT | (i) 143,439 | | | 13,530 | 13,732 | 170,701 | |
| | (ii) | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

FLORIDA BUSINESS DEVELOPMENT CORP

Supplemental Information to Form 990 or 990-EZ

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

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

2017**Open to Public
Inspection****Employer identification number**

65-0179159

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990 - ORGANIZATION'S MISSION | TO CREATE ECONOMIC DEVELOPMENT BY ASSISTING BUSINESSES TO ACQUIRE SBA 504 FINANCING TO EXPAND THEIR BUSINESSES BY ACQUIRING, RENOVATING OR CONSTRUCTING REAL ESTATE AND/OR ACQUIRING MACHINERY AND EQUIPMENT. THE EXPANDED BUSINESSES LEAD TO THE CREATION AND RETENTION OF JOBS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PAGE 6, PART VI, LINE 6 | THE CORPORATION HAS ONE CLASS OF MEMBERS CONSISTING OF INDIVIDUALS WHO SERVE ON ANY LOAN C COMMITTEE OF THE CORPORATION MEMBERS HAVE NO VOTING RIGHTS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PAGE 6, PART VI, LINE 7B | THE GOVERNING BODY ELECTS BY VOTE THE BOARD OF DIRECTORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PAGE 6, PART VI, LINE 11B | THE PRESIDENT REVIEWS THE FORM 990 ALONG WITH THE FINANCE COMMITTEE. THE COMMITTEE RECOMMENDS APPROVAL TO THE BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS RECEIVES A COPY PRIOR TO FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 12C | MANAGEMENT REQUIRES ALL EMPLOYEES TO REPORT ANY CONFLICTS OF INTEREST ANNUALLY OR WHEN THE CONFLICT ARISES, WHICHEVER IS FIRST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 15A | EVERY FIVE YEARS A COMPENSATION SURVEY IS COMPLETED TO REVIEW COMPENSATION OF NON-PROFITS AS WELL AS COMPENSATION IN COMPARABLE PRIVATE INDUSTRY. ADDITIONALLY, THE BOARD IS PRESENTED WITH INFORMATION FROM THE COMPENSATION CONSULTANT INDICATING THE SALARIES OF OTHER SIMILAR NON-PROFITS AND FINANCIAL INSTITUTIONS AROUND THE COUNTRY. THE BOARD REVIEWS THE DATA AND COMPENSATION PROPOSALS FOR OFFICERS AND KEY EMPLOYEES AND APPROVES COMPENSATION ANNUALLY. FURTHER, FBDC EXECUTIVE MANAGEMENT UTILIZED OUTSIDE COMPENSATION CONSULTANTS TO SUBSTANTIATE NOT ONLY ALL KEY EMPLOYEES, BUT ALSO ALL OTHER EMPLOYEES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 15B | EVERY FIVE YEARS A COMPENSATION SURVEY IS COMPLETED TO REVIEW COMPENSATION OF NON-PROFITS AS WELL AS COMPENSATION IN COMPARABLE PRIVATE INDUSTRY. ADDITIONALLY, THE BOARD IS PRESENTED WITH INFORMATION FROM THE COMPENSATION CONSULTANT INDICATING THE SALARIES OF OTHER SIMILAR NON-PROFITS AND FINANCIAL INSTITUTIONS AROUND THE COUNTRY. THE BOARD REVIEWS THE DATA AND COMPENSATION PROPOSALS FOR OFFICERS AND KEY EMPLOYEES AND APPROVES COMPENSATION ANNUALLY. FURTHER, FBDC EXECUTIVE MANAGEMENT UTILIZED OUTSIDE COMPENSATION CONSULTANTS TO SUBSTANTIATE NOT ONLY ALL KEY EMPLOYEES, BUT ALSO ALL OTHER EMPLOYEES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PAGE 6, PART VI, LINE 19 | GOVERNING DOCUMENTS AS WELL AS FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST |