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 black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning Oct 1 **, 2008, and ending** Sep 30 , 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NATURE COAST BUSINESS DEVELOPMENT COUNCIL, INC.

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 1112 | Room/suite

City or town, state or country, and ZIP + 4: BRONSON FL 32621

D Employer identification number 59-3646526

E Telephone number (352) 486-5470

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

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: ► N/A

J Organization type (check only one) — ☒ 501(c) (6) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 82,944.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	82,894.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	50.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► _____)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	82,944.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	36,159.
	13	Professional fees and other payments to independent contractors		13	38,479.
	14	Occupancy, rent, utilities, and maintenance		14	1,578.
	15	Printing, publications, postage, and shipping		15	301.
	16	Other expenses (describe ► See Other Expenses Statement)		16	15,652.
	17	**Total expenses** (add lines 10 through 16) ►		17	92,169.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-9,225.
	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)		19	28,597.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	19,372.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	30,917.	22	4,690.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	0.	24	17,085.
25	**Total assets**	30,917.	25	21,775.
26	**Total liabilities** (describe ► See L-26 Stmt)	2,320.	26	2,403.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	28,597.	27	19,372.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

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Part III **Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? ECONOMIC DEVELOPMENT

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	In 2009 cont TEAM LEVY. Sessions 1,2,3,4 targeting Information on Land Use, Transportation and Supply Chains, Target Industries and Priority-setting as a Community concepts on a county and regional level (Grants $) If this amount includes foreign grants, check here ► ☐	28a	
29	In 2009, the NCBDC utilized its funding to cover administrative, overhead and training costs, along with travel expenses and equipment costs. (Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	In 2009, the NCBDC partnered with CLM Workforce Connection to continue the development and improvement of creating and retaining jobs and businesses (Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MS. CAROL MCQUEEN 9207 FLORIDA STREET FANNING SPRINGS FL 32693	CHAIRPERSON 0.00	0.	0.	
MR. SKIPPER HENDERSON 50 PICNIC STREET BRONSON, FL 32621	SEC./TREAS. 0.00	0.	0.	
MR. CLIFF NORRIS 480 MASHBURN DR BRONSON, FL 32621	DIRECTOR 0.00	0.	0.	
MR. BOB HASTINGS PO DRAWER 129 BRONSON FL 32621	DIRECTOR 0.00	0.	0.	
MR. RYAN BELL 13 NE 3RD STREET CHIEFLAND FL 32626	DIRECTOR 0.00	0.	0.	
DR. RAYANNE GIDDIS 114 RODGERS BLVD CHIEFLAND FL 32626	VICE CHAIR 0.00	0.	0.	
MR. WALTON MCJORDAN 7690 SW HWY 24 CEDAR KEY, FL 32625	DIRECTOR 0.00	0.	0.	
THAD BARBER PO BOX 226 GULF HAMMACK FL 32639	DIRECTOR 0.00	0.	0.	
DOUG KING PO BOX 725 BRONSON FL 32644	DIRECTOR 0.00	0.	0.	
TOMMY DUNFORD PO BOX 1182 BRONSON FL 32621	DIRECTOR 0.00	0.	0.	
SHARON BATTLES 3990 NE 155TH AVENUE WILLISTON FL 32696	DIRECTOR 0.00	0.	0.	

Part V **Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on**Form 990-T** for this year?	35b		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b Did the organization file**Form 1120-POL** for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee**or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9 39a			
b Gross receipts, included on line 9, for public use of club facilities 39b			
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d Enter amount of tax on line 40c reimbursed by the organization ► _____			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ► Florida

42a The books are in care of ► CAROL MCQUEEN Telephone no ► (352) 486-5470

Located at ► 380 SOUTH COURT STREET, BRONSON, FL ZIP + 4 ► 32621

		Yes	No
b 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)? If 'Yes,' enter the name of the foreign country ► _____	42b		X
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ► _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu o**Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

		Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46 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 Schedule C, Part I	46		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ►				

51 Complete this table for the 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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Carol J. McQueen — Signature of officer — Date 05/12/10

► CAROL MCQUEEN — Type or print name and title — BOARD MEMBER

Paid Preparer's Use Only

Preparer's signature ► Sharon C. Brannan, CPA — Date 05/17/10 — Check if self-employed ► ☐ — Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► SHARON C. BRANNAN, CPA PA
161 N MAIN STREET
WILLISTON FL 32696

EIN ►

Phone no ► (352) 528-6558

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return	Employer Identification No
NATURE COAST BUSINESS DEVELOPMENT COUNCIL, INC.	59-3646526

Line 24 - Other Assets:	Beginning of Year	End of Year
RECEIVABLE-AMANDA DOUGLAS		17,085.
Totals to Form 990-EZ, Part II, line 24		17,085.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
PAYROLL LIABILITIES	2,320.	2,403.
Totals to Form 990-EZ, Part II, line 26	2,320.	2,403.

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Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
TELEPHONE	1,862.
INSURANCE	449.
ADVERTISING	1,116.
AUTOMOBILE & OTHER REIMBURSABLE EXP	3,796.
LICENSES AND FEES	275.
OFFICE SUPPLIES	4,270.
SUBSCRIPTIONS	502.
WORKERS' COMPENSATION	0.
LIABILITY INSURANCE	1,250.
MEALS	663.
TRAVEL	887.
BANK FEES	13.
MEETINGS	569.
Total	15,652.

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
SALARIES & WAGES	33,576.
PAYROLL TAX EXPENSE	2,583.
Total	36,159.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
PROFESSIONAL/ACCOUNTING FEES	2,729.
CONSULTANT EXPENSES	35,750.
Total	38,479.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
LEASE EQUIPMENT - COPIER	1,578.
Total	1,578.