(Rev. January 2020)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public

Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Sep 30 **. 20**20 2019, and ending Oct 1 For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY, Check if applicable: 65-0255366 Address change Doing business as E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name change (772)221-1380207 1002 SE MONTEREY COMMONS Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 486,636. G Gross receipts \$ STUART, FL 34996 Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer: Application pending H(b) Are all subordinates included? Tyes No JOAN K. GOODRICH, 1002 SE MONTEREY COMMONS, STUART, FL 34996 If "No." attach a list, (see instructions) 4947(a)(1) or 527 X 501(c) (6) **◄** (insert no.) Tax-exempt status: H(c) Group exemption number ▶ Website: ► N/A 1991 M State of legal domicile: FL L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: TO CHAMPION AND STRENGTHEN MARTIN COUNTY'S ECONOMY. 1 Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 16,484. 11,063. 8 Revenue 450,000. 450,000. Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 53. 113. 10 10,072. 5,931. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 471,188. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 472,528. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 235,831. 202,473 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 164,215. 192,381. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 428,212. 366,688. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 42,976. 105,840. Revenue less expenses. Subtract line 18 from line 12 . . . End of Year Beginning of Current Year Assets or d Balances 388,694. 338,489 Total assets (Part X, line 16) 20 19,741. 12,795. Total liabilities (Part X, line 26) 21 375,899. 318,748. Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Part II 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. Date Sign Signature of officer Here JOAN K GOODRICH DIRECTOR Type or print name and title Check [if Preparer's signature Print/Type preparer's name Paid self-employed P00948364 02/04/2021 Mark Barnes Preparer Firm's EIN ▶ 65-0361148 Firm's name ► DIBARTOLOMEO MCBEE HARTLEY AND BARNES. **Use Only** Phone no. (772) 461-8833 Firm's address ▶ 2222 COLONIAL RD STE 200, FORT PIERCE,

X Yes □ No

May the IRS discuss this return with the preparer shown above? (see instructions)

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Part	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 CHAMPION AND STRENGTHEN MARTIN COUNTY'S ECONOMY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	BUSINESS EXPANSION AND RETENTION, A TOP PRIORITY FOR THE ORGANIZATION, FEATURES AN ANNUAL BUSINESS CONFIDENCE AND NEEDS SURVEY AND ONE-ON- ONE VISITS TO LOCAL INDUSTRY LEADERS AND BUSINESSES. ADDITIONALLY, THE
	BDBMC IS COMMITTED TO ASSISTING LOCAL SMALL BUSINESSES (DEFINED AT < THAN 20 EMPLOYEES) THROUGH ITS COLLABORATIVE BUSINESS ACCELERATOR PROGRAM (BAP) PRODUCED IN COOPERATION WITH MARTIN COUNTY, THE CITY OF STUART, INDIAN RIVER STATE COLLEGE AND THE SMALL BUSINESS DEVELOPMENT CENTER. IN
	FY 2020, 6 SMALL BUSINESS OWNERS PARTICIPATED IN THE 10-WEEK PROGRAM CULMINATING WITH A PITCH EVENT. IN FY 2020, THE BDBMC AWARDED \$4,000 IN SMALL BUSINESS GRANTS TO BAP PARTICIPANTS BEFORE COVID-19. THE BDBMC See Part III, Ln 4a statement
4b	(Code:)(Expenses including grants of \$)(Revenue \$) THE BDBMC ENGAGED IN ACTIVITIES SEEKING TO BRING NEW QUALIFIED BUSINESSES AND INDUSTRIES INTO MARTIN COUNTY, FLORIDA. THE TARGETED SECTORS FOR MARTIN COUNTY INCLUDE AVIATION/AEROSPACE, MARINE, GREEN TECHNOLOGIES, HEADQUARTERS, LIFE SCIENCES, AND MEDICAL AND HEALTHCARE. THE BDBMC PARTICIPATES IN A REGIONAL ECONOMIC DEVELOPMENT COALITION WITH INDIAN RIVER COUNTY, ST LUCIE COUNTY AND CAREERSOURCE RESEARCH COAST TO BRING MORE ATTENTION AND QUALIFIED LEADS TO THE AREA.
4c	(Code:)(Expenses \$ including grants of \$)(Revenue \$) THE BDBMC CONTINUED ITS EFFORTS IN FY 2020 AROUND TALENT AND WORKFORCE DEVELOPMENT BY PRODUCING ROUNDTABLES, CAREER FAIRS, INDUSTRY TOURS, WORKFORCE-EDUCATION PARTNER MEETINGS AND SUPPORTING REGIONAL EFFORTS AND EVENTS TO CONNECT LOCAL HIGH SCHOOLERS WITH LEGACY AND EMERGING
	INDUSTRY SECTORS.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Form 99	D (2019)		F	age 3
Part I	V 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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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 Schedule C, Part I	3		×
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 Schedule C, Part II	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 Schedule C, Part III	5	×	
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 Schedule D, Part I	6		×
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 Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		×
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 Schedule D, Part IV	9_		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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 Schedule D, Part VII	11b		×
С	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 Schedule D, Part VIII	11c		×
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 Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	×
ť	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 Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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 Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		<u> </u>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
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 Schedule F, Parts II and IV	15		×
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 Schedule F, Parts III and IV.	16		×
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 Schedule G, Part I (see instructions)	17		×
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 Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	-	-
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	21		×

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	23		×
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	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		
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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		×
	"Yes," complete Schedule L, Part IV	29		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Tes, complete conservation contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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	33		×
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	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	35b		
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	36		
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	37		×
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.	38	×	
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			Ę
		27 115	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	CHICAGO IN		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		A CONTRACTOR

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 [Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	OF		(MEETIN)
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	ALCOHOL:
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		~
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	SD		
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		×
b	If "Yes " enter the name of the foreign country ▶	Tron I	4	5
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		F.55.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	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	×	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	QI-		
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	A STATE	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	neal.	5	100
е	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	Overs	100000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	PER IN	COLMA	
	sponsoring organization have excess business holdings at any time during the year?	8	USER IN	Delta S
9	Sponsoring organizations maintaining donor advised funds.	9a	100	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	603664		Marie .
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		The state of	37 3
ь 11	Section 501(c)(12) organizations. Enter:			616
	Gross income from members or shareholders	SATE		0.7
a	Gross income from other sources (Do not net amounts due or paid to other sources		961	
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	EN LY ME	SUSSE
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		SUPER-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1000		100
а	Is the organization licensed to issue qualified health plans in more than one state?	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			30.0
С	Enter the amount of reserves on hand	69.8	E 200	E42
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	153	183	145
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			100

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15		100	SOL
	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 on Schedule O.			
L.	Enter the number of voting members included on line 1a, above, who are independent . 15		3 80	u alba
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	MISS
2	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6	×	
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	×	
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			CIDE IS
	the year by the following:	8a	×	
a	The governing body?	8b	×	
b	Each committee with authority to act on behalf of the governing body?	OD		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1-50	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	×	
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?			
_	The organization's CEO, Executive Director, or top management official	15a	×	
a	Other officers or key employees of the organization	15b		×
b	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?	16a	ENERG	×
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	4754		
	organization's exempt status with respect to such arrangements?	16b		L
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	I (Sed	ction	501(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and return the ORGANIZATION, 1002 SE MONTEREY COMMONS, STUART, FL 34996 (772)221-1380	cords	>	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CHARLIE PAGE	2.00									
PRESIDENT		×		×				0.	0.	0.
(2) KATE COTNER VICE PRESIDENT	2.00	×		×				0.,	0.	0.
(3) PATRICK GLEASON SECRETARY	2.00	×		×				0 .0	0.	0.
(4) JAMIL MIKATI TREASURER	0.30	×						0.	0.	0.
(5) TROY MCDONALD BOARDMEMBER	0.30	×						0.	0.	0.
(6) MARTY CARMODY BOARDMEMBER	0.30	×						0.	0.	0.
(7) JEFF LESLIE BOARDMEMBER	0.30	×						0.	0.	0.
(8) DOUG SHERMAN BOARDMEMBER	0.30	×						0.	0.	0.
(9) TOMAS BUENO BOARDMEMBER	0.30	×						0.	0.	0.
(10) GUYTON STONE BOARDMEMBER	0.30	×						0.	0.	0.
(11) ED WEINBERG BOARDMEMBER	0.30	×						0.	0.	0.
(12) JOHN YUDIN BOARDMEMBER	0.30	×						0.	0.	0.
(13) RON ROSE BOARDMEMBER	0.30	×						0.	0.	0.
(14) BETH GASKIN BOARDMEMBER	0.30	×						0.	0.	0.

Part VII Section A. Officers, Directors,	Trustees,	Key I	Emp	ploy	yee	s, an	d H	lighest Compe	nsated Empl	oyees (continued)
(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe d a d	erson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	from the
(15) SCOTT FAY	0.30	×						0.20	0	. 0.
BOARDMEMBER (16) JOAN GOODRICH	40.00							0.1		
EXECUTIVE DIRECTOR	P TESTERATION TO SE		-	×				102,792.	0	. 20,057.
(17)		,								
(18)	- NELISHURANEN									
(19)										
(20)										
(21)										
(22)		-								
(23)										
(24)										
(25)					F					
1b Subtotal			<u> </u>					102,792.	0	20,057
c Total from continuation sheets to Par d Total (add lines 1b and 1c)			۶. 	3 4	a 8	98 988 91 998	>	102,792.	C	
Total number of individuals (including but reportable compensation from the organism)	ıt not limite						e) w		e than \$100,00	00 of
						7.				Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete	Schedule u	l for s	uch	ina	livid	ual				3 ×
4 For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$ 	ble 150	,000	npe 0? .	nsation If "Ye	on a es,"	and other compe complete Sche	ensation from todule <i>J for su</i>	he ch
5 Did any person listed on line 1a receive for services rendered to the organization	or accrue c	ompe comp	ensa lete	tior Sc.	n fro hed	m an	y ur for	nrelated organiza such person	tion or individu	ıal 5 ×
Section B. Independent Contractors										
Complete this table for your five hig compensation from the organization. Re	hest comport port comper	ensationsation	ted n fo	ind or th	e ca	ndent alenda	t co arye	ontractors that ear ending with o	received more	anization's tax year
(A) Name and business ac	dress							(B) Description of ser	vices	(C) Compensation
										A SECURIOR SECURIOR
2 Total number of independent contract received more than \$100,000 of compen	ors (includi sation from	ing b the o	ut r rgar	not niza	limi tion	ted t ▶	o tl	hose listed abo	ve) who	

Part	VIII	Statement of Revenue		Vice in this De	t \ /111		
		Check if Schedule O contains a response or not	e to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaigns 1a	0			The Market Bar	
art Tir	b		875.				
tributions, Gifts, Grants Other Similar Amounts		Fundraising events 1c					
£ £l		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	P				
Sin	f	All other contributions, gifts, grants,					
er ti		and similar amounts not included above 1f 3	188.				
흔히	g	Noncash contributions included in					
Cont		lines 1a-1f 1g \$					
ਲ ਹ	h	Total. Add lines 1a–1f		11,063.			
σ.		Business		450,000	450,000		0.
Program Service Revenue	2a	GOVERNMENT INCOME 900099	,	450,000.	450,000.	0.	0.
le el	b						=======================================
yram Ser Revenue	C				-	·	
Re Ta	d						
5 	e	All other program service revenue					
۵	f g	Total. Add lines 2a–2f		450,000.	ing the second second		
	3	Investment income (including dividends, interes		1007000			
	3	other similar amounts)		53.	0.	0.	53.
	4	Income from investment of tax-exempt bond proce					
	5	Royalties	. ▶				
		(i) Real (ii) Pers	sonal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (foss) 6c					
	d	Net rental income or (loss)	. •				
	7a	Gross amount from (i) Securities (ii) Of	her				
		sales of assets					o in
		other than inventory 7a					
单	b	Less: cost or other basis	- 1				
venue		and sales expenses . 7b					
ادة	С	Gain or (loss) 7c				RELEGIENS TO BE	
<u></u>	d	Net gain or (loss)	. •	A WEST STREET	Control of the control		
Other R	8a	Gross income from fundraising	- 1				
0		events (not including \$					
		of contributions reported on line 1c). See Part IV, line 18 8a 25	E20				
			,520.				
		Less: direct expenses 8b 15 Net income or (loss) from fundraising events		10,072.	C. See all Second	0.	10,072.
	C				THE NAME OF THE PARTY OF		1915 1919
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	, ▶				
	l.	Gross sales of inventory, less					THE REAL PROPERTY.
	TVa	returns and allowances 10a					
	ь	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
<u>s</u>		Busines	s Code				
90L	11a						
ane	b	**************************************					
scellaneo Revenue	С	211111111111111111111111111111111111111					
Miscellaneous Revenue	d	All other revenue					
≥		Total. Add lines 11a-11d		477 100	450,000		10.105
	12	Total revenue. See instructions	ş >	471,188.	450,000.	0.	10,125.

560 G 54 60

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).	Section 501(c)(3) and 501(c)(4)	organizations must complete all colum	ns. All other organizations must com	plete column (A).
--	---------------------------------	---------------------------------------	--------------------------------------	-------------------

	ot include amounts reported on lines 6b, 7b, o, 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,152.	84,114.	28,038.	0.
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	90,536.	59,748.	30,788.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,762.	881.	881.	0.
9	Other employee benefits	23,340.	14,354.	8,986.	0.
10	Payroll taxes	8,041.	5,339.	2,702.	0.
11	Fees for services (nonemployees):				
а	Management			4.475	
b	Legal	14,175.	0.	14,175.	0.
c d	Accounting	9,700.	0.	9,700.	0 .
e	Professional fundraising services. See Part IV, line 17		RESIDENCE SET	4 7 A 4 3 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
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.)	34,355.	22,525.	11,830.	
12	Advertising and promotion				
13	Office expenses	34,301.	19,894.	14,407.	0.
14	Information technology	6,024.	3,494.	2,530.	0.
15	Royalties			10.700	0
16	Occupancy	30,431.	17,649.	12,782.	0.
17	Travel	2,750.	1,834.	916.	- 0 :
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,651.	4,651.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,635.	3,269.	2,366.	0.
23	Insurance	5,633.	3,209.	2,300.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Memberships	7,444.	5,778.	1,666.	0.
b	Direct Programs and services	40,591.	30,979.	9,612.	0.
С	Miscellaneous	2,324.	0.	2,324.	0.
d	***************************************				
е	All other expenses			150 700	2
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	428,212.	274,509.	153,703.	0.
	following ŠOP 98-2 (ASC 958-720)	REV 10/27/20 PRO			Form 990 (2019)

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			151,784.	1	276,194.
2	Savings and temporary cash investments			68,056.	2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			118,478.	4	112,500.
5	Loans and other receivables from any current					
٦	trustee, key employee, creator or founder, subst	tantial co	ntributor, or 35%			
	controlled entity or family member of any of the	se persor	ns		5	
6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described	lified per	rsons (as defined		6	
ą 7	Notes and loans receivable, net				7	
8 8	Inventories for sale or use		1		8	
7 8 9 9 9	Prepaid expenses and deferred charges			171.	9	0
10a		1	30 30 30 10 10			
104	basis. Complete Part VI of Schedule D	10a	25,730.			
Ь		10b	25,730.	0.	10c	0.
11	Investments—publicly traded securities	8 8	Y Y Y S S S		11	
12	Investments—other securities. See Part IV, line				12	
13	Investments-program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ	al line 33	n n n n n n n n	338,489.	16	388,694
17	Accounts payable and accrued expenses			8,941.	17	9,295
18	Grants payable				18	
19	Deferred revenue			10,800.	19	3,500
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
ဖ္က 22	Loans and other payables to any current o	r former	officer, director,		E Este	
Ĕ	trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%		STATE OF STREET	
Liabilities 23	controlled entity or family member of any of the				22	
ີ່ 23	Secured mortgages and notes payable to unrela	ated third	I parties		23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax,	payable	s to related third		1	
	parties, and other liabilities not included on line				05	
	of Schedule D			10 741	25	12 705
26	Total liabilities. Add lines 17 through 25			19,741.	26	12,795
es es	Organizations that follow FASB ASC 958, che	eck here				
ຊຸ	and complete lines 27, 28, 32, and 33.			210 740	27	316,441
8 27	Net assets without donor restrictions			318,748.	28	59,458
28	1101 400010 11111 101111			Control of the Control	20	39,430
5	Organizations that do not follow FASB ASC 9	958, ched	ck nere ► ⊔			
<u> </u>	and complete lines 29 through 33.				29	THE RESERVE OF THE PARTY OF THE
O 29	Capital stock or trust principal, or current funds				30	
30	Paid-in or capital surplus, or land, building, or e				31	
ğ 31	Retained earnings, endowment, accumulated in			318,748.	32	375,899
Net Assets or Fund Balances 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Total net assets or fund balances			338,489.	33	388,694
Z 33	Total liabilities and net assets/fund balances .	9 3 1	0.0 (6) 6 6 6	550, 405.	1 1	Form 990 (20

100		4	\mathbf{a}
Pa	зе		Z

Part	XI Reconciliation of Net Assets			-
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		71,1	
2	Total expenses (must equal Part IX, column (A), line 25)	4	28,2	
3	Revenue less expenses. Subtract line 2 from line 1		42,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3	18,7	48.
5	Net unrealized gains (losses) on investments)
6	Donated services and use of facilities		14,1	75.
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	3	375,8	99.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	5_ E_ 5		لحليا
		Director	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	- 1976		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	135		
	Schedule O.	1000	A PROPERTY.	1000
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Contract of	×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled o	r E	100	197
	reviewed on a separate basis, consolidated basis, or both:		F. A	a O y
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	01	EUUD	
b	Were the organization's financial statements audited by an independent accountant?	2b	×	CONTRACTOR
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1		ES
	separate basis, consolidated basis, or both:	ATTE S		7.0
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	enate		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1 20	×	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	100000	1000000
	If the organization changed either its oversight process or selection process during the tax year, explain or	1		FYRO
	Schedule O.	1000	THE REAL PROPERTY.	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	э За		×
	Single Audit Act and OMB Circular A-133?			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e 3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		rm 990	1/2010
	REV 10/27/20 PRO	-0	ıııı əət	<i>(</i> 2019)

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

Description	
ADDED NEW BUSINESS ASSISTANCE PROGRAMS THROUGH THE "SURVIVE. REVIVE. THRIVE.	
COVID-19 RESPONSE AND RECOVERY PLAN WHICH FEATURED THE FORMATION OF THE	
30-MEMBER MC-BIZ TEAM ANSWERING, INQUIRING, AND ASSISTING MORE THAN	
750 LOCAL BUSINESS, PRODUCTION OF AN ONLINE WEBINAR SERIES CALLED	
"SMALL TALK", PUBLISHING "STORIES OF TRIUMPH", AND CREATING OF THE	
"WE'RE READY" MARTIN COUNTY VIDEO SERIES FEATURING 18 LOCAL SMALL BUSINESSES	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	e separate instructions), th				
	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.		Employer ident	tification number
	forganization		T.170	25W 18E4	
	NESS DEVELOPMENT E	BOARD OF MARTIN COUNTY,	INC	65-02553	
Part I	-A Complete if the	organization is exempt unde	er section 50 ite	or is a section 527 o	N (see instructions for
	Provide a description of definition of "political can	the organization's direct and inc	direct political ca	mpaign activities in Part	iv. (see instructions for
2	Political campaign activity	y expenditures (see instructions) .		 	
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)		
Part	Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
					Yes 🔛 No
b	If "Yes," describe in Part	IV.			77/21
Part I	-C Complete if the	e organization is exempt unde	er section 501(c), except section 501	(c)(3).
1	Enter the amount directly	y expended by the filing organiz	ation for section	527 exempt function	
	activities				
2	Enter the amount of the	filing organization's funds contrib	uted to other org	janizations for section	
	527 exempt function activ	vities			
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter nere and	on Form 1120-POL,	
	line 17b	file Form 1120-POL for this year			Yes No
	Did the filing organization	ses and employer identification nur	mbor/EINI\ of all a	oction 527 political organi	
5	Enter the names, address	ses and employer identification hur ents. For each organization listed,	enter the amount	paid from the filing organiz	zation's funds. Also enter
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	e (PÁC). If addition	nal space is needed, provid	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(- / · · · · · · · · · ·	.,		filing organization's funds, If none, enter -0	contributions received and promptly and directly
				Idilds, il fiorie, eriter -o	delivered to a separate
					political organization. If none, enter -0
					II Honor onto
(1)					
(2)					
(3)					
(4)					
(T)					
(5)					
(6)					

Part	section 501(h)).					
A Ch	neck if the filing organization belong address, EIN, expenses, and s	hare of exces	s lobbying expend	itures).	liated group membe	er's name,
B Ch	neck if the filing organization checked			ovisions apply.		
	Limits on Lobby	ing Expendit	ures		(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" me				organization's totals	group totals
1a	Total lobbying expenditures to influence	oublic opinion	(grassroots lobby	ing) 👀 🙃 🛪 🛪		
b	Total lobbying expenditures to influence a					
C	Total lobbying expenditures (add lines 1a					
d	Other exempt purpose expenditures Total exempt purpose expenditures (add					
e	Lobbying nontaxable amount. Enter the					
f	columns.	ie amount i	tom the lonowing	Table III boll		
[If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		mount on line 1e.			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
1	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			THE STREET WAS THE STREET WAS TO STREET	
g	Grassroots nontaxable amount (enter 259 Subtract line 1g from line 1a. If zero or les					
h :	Subtract line 1g from line 1a. If zero or les			197 1955 To 18 18 18 18 18 18 18 18 18 18 18 18 18		
j	If there is an amount other than zero reporting section 4911 tax for this year?	on either line	1h or line 1i, did	d the organization		Yes N
	(Some organizations that made a sec See the	tion 501(h) el separate inst	ructions for lines	e to complete al 2a through 2f.)	l of the five column	s below.
	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
BA	A		REV 10/27/20 PRO		Schedule C (Form	1 990 or 990-EZ) 20

	(election under section 501(h)).	(2	1)	(b)
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed otion of the lobbying activity.	Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	Media advertisements?			
	Mailings to members, legislators, or the public?			
	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?	- 100		
	Total. Add lines 1c through 1i	OP MIT		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	20000		25/5/10/2004
	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	- 40-		MINISTER STATE
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/5)	or se	ction
irt	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	,,(0), (J. 30	
				Yes 1
	Were substantially all (90% or more) dues received nondeductible by members?	(100)	8 - 2	2 ×
:	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	prior	vear?	
3	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			
			J	
irt i	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."	Ř (b)	Part	III-A, line 3
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members	R (b)	Part	III-A, line 3
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members	R (b)	Part	III-A, line 3
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b)	1 2a	III-A, line 3
a b	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b)	1 2a 2b	III-A, line 3
l 2 a b	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b)	1 2a 2b 2c	III-A, line 3
1 2 a b	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members	R (b)	1 2a 2b	III-A, line 3
1 2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members	R (b) . s of	1 2a 2b 2c	III-A, line 3
I 2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) s of	1 2a 2b 2c 3	III-A, line 3
a b c 3	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) . s of	1 2a 2b 2c 3	III-A, line 3
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	R (b) . s of	1 2a 2b 2c 3	III-A, line (
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) . s of	1 2a 2b 2c 3	III-A, line 3
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) . s of	1 2a 2b 2c 3	III-A, line 3
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) . s of	1 2a 2b 2c 3	III-A, line 3
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) . s of	1 2a 2b 2c 3	III-A, line 3
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) . s of	1 2a 2b 2c 3	III-A, line 3
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) . s of	1 2a 2b 2c 3	III-A, line 3
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) s of	1 2a 2b 2c 3	III-A, line 3
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) s of	1 2a 2b 2c 3	III-A, line 3
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) s of	1 2a 2b 2c 3	III-A, line 3
a b c 3	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) s of	1 2a 2b 2c 3	III-A, line 3
a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) s of	1 2a 2b 2c 3	III-A, line 3
irt	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year	R (b) s of	1 2a 2b 2c 3	III-A, line

n 990 or 990-EZ) 2019	Page 4
Supplemental Information (continued)	

***************************************	**************************************
	Supplemental Information (continued)

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

Name o	the organization		Employer identification number
BUS	NESS DEVELOPMENT BOARD OF MARTIN CO		65-0255366
Par		sed Funds or Other Similar Fund	ls 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 he	ld in donor advised
3	funds are the organization's property, subject to the	e organization's exclusive legal control	? □ Yes □ No
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	t funds can be used
Ū	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or fo	r any other purpose
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
•	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat	,	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	n in the form of a conservation
2	easement on the last day of the tax year.	a a qualifica dell'est valien dell'inserie	Held at the End of the Tax Year
•	•		. 2a
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified h		
C	Number of conservation easements included in (
d			. 2d
•	Number of conservation easements modified, trans		
3	tax year ►	sierred, released, extinguished, or term	mated by the organization daming are
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg	arding the periodic monitoring insc	pection, handling of
3	violations, and enforcement of the conservation eas	sements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspec	eting, bandling of violations, and enforcing	conservation easements during the year
O	Stati and volunteer flours devoted to filoritering, inspec	yang, nanamg or violatione, and other and	,
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing	conservation easements during the year
7	►\$	g, mandaling of violations, and officing	Someon ration succession as a succession and succes
	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170/h\/4\/B\/i\
8	and section 170(h)(4)(B)(ii)?		
•	In Part XIII, describe how the organization reports of	onconvation assements in its revenue	
9	balance sheet, and include, if applicable, the text of	f the footnote to the organization's fina	ancial statements that describes the
	organization's accounting for conservation easeme	nts.	
Par		of Art Historical Treasures, or	Other Similar Assets.
rai	Complete if the organization answered "	Ves" on Form 990 Part IV line 8.	
			is statement and balance sheet works
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets	hold for public exhibition, education	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote	to its financial statements that describ	es these items.
	If the organization elected, as permitted under FAS		
b	art, historical treasures, or other similar assets held	for public exhibition, education, or re-	search in furtherance of public service.
	provide the following amounts relating to these item		oca. St. III tat it Statistics of public co. vice,
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
_	(ii) Assets included in Form 990, Part A	historical transures or other similar	assets for financial gain provide the
2	If the organization received or held works of art,	nistorical treasures, or other similar	assets for infational gain, provide the
_	following amounts required to be reported under Farevenue included on Form 990, Part VIII, line 1 .		eee. ▶ .\$
a	Assets included in Form 990, Part XIII, line 1.		
b	Assets included in Form 990, Fart A	<u> </u>	υ 10 1 F Ψ

Part	Organizations Maintaining	Collections of I	Art, Hist	orical T	reasures,	or Oth	ner Similar As	sets (con	tinued)
3	Using the organization's acquisition, ac	ccession, and oth	ner recor	ds, chec	k any of the	follow	ing that make s	gnificant ι	use of its
	collection items (check all that apply):			-					
а	Public exhibition				or exchange				
b	Scholarly research		e l	Other					17727
С	☐ Preservation for future generations								a in Dort
4	Provide a description of the organization XIII.								e in Part
5	During the year, did the organization sassets to be sold to raise funds rather t	solicit or receive of than to be mainta	donation ined as p	s of art, art of the	historical tre e organizatio	asures n's col	, or other simila	r Yes	☐ No
Part	IV Escrow and Custodial Arran	ngements.				_			_
	Complete if the organization a 990, Part X, line 21.	answered "Yes"	on For	n 990, F	Part IV, line	9, or r	eported an an	nount on I	-orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er interm	ediary fo	or contribution	ons or	other assets no	ot 🖂 Ves	☐ No
L	If "Yes," explain the arrangement in Par							_ 103	
b	ii res, explain the analigement in rai	rt Alli and comple	ite ine io	nowing to	abic.		I A	nount	
С	Beginning balance					1c			
ď	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance	a a sector e s	a * * a			1f			
2a	Did the organization include an amount	t on Form 990, Pa	art X, line	21, for e	escrow or cu	stodial	account liability	? 🗌 Yes	☐ No
b		rt XIII. Check here	e if the ex	planatio	n has been p	orovide	d on Part XIII .		
Par				car savant -					
	Complete if the organization						40.77	1 () =	
		(a) Current year	(b) Prid	or year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance					-			
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses							ļ	
g	End of year balance								
2	Provide the estimated percentage of the			e (line 1g	g, column (a)) held a	is:		
а	Board designated or quasi-endowmen	t >	%						
b	Permanent endowment	%							
С	Term endowment ► %	Na alaarilah amusal 44	200/						
_	The percentages on lines 2a, 2b, and 2	•		طاء مدادد	at ara bald a	and ad	ministered for th		
3a	Are there endowment funds not in the organization by:	possession of th	e organi.	zation in	at are neid a	unu aui	ministered for tr	Ī	es No
	(i) Unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses								
Part	VI Land, Buildings, and Equipa	ment.					enne		
	Complete if the organization	answered "Yes	on For	m 990,	Part IV, line			Part X, li	ne 10.
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated preciation	(d) Book	value
1a	Land		0.						0.
b	Buildings								
C	Leasehold improvements								
d	Equipment				25,730.		25,730.		0.
е	Other								
Total	Add lines 1a through 1e, (Column (d) m	ust equal Form 9:	90, Part)	Columi	n (B), line 10	c.)	7. 6: X: X		0 .

(a) Method of valuation: Cost or end-of-year market value (b) Scok value (c) Closely held equity interests (d) Closely held equity interests (d) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely interests (e) Close	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
(2) Closely held equity interests .		(a) Description of security or category		(c) Meti	hod of valuation:
(2) Closely held equity interests	(1) Financial				
(3) Other (2) (3) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1)					
(A) (B) (C) (C) (C) (C) (C) (C) (C) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		• -			
G G G G G G G G	F 4 4				
C C C C C C C C					
C C C C C C C C					
E					
Fig.					
(G) (H) (P) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
Column (b) must equal Form 990, Part X, col. (B) line 12.) Note					
Investments	(H)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part V, line (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Book value (e) Book value (f) Book v	Total. (Colu			NO CHANGE COM	
(a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (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 13.) (b) Book value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (1) (c) (d) (d) (e) (f) (e) (f) (f) (f) (h) Book value (f) (g) Book value (f) Federal income taxes (g)	Part VIII	Investments-Program Related.			mare ee
Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (c) (c) (d) (d) (e) (e) (f) (f) (a) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		Complete if the organization answered "Yes" on For	m 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part III, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		(a) Description of investment	(b) Book value		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (1) (c) (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 line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part I line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Transcript				
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶					
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (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 line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		mn (h) must aqual Form 990 Part X col (R) line 13		THE RESIDENCE OF	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			111000,1110		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1)	(A)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(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 line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1000				
(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 line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	1787653				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
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 line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	7.27				
Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Total, (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)	200 (NA) 40 NO NO NO NO	a a sa a a b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					\
Land		Complete if the organization answered "Yes" on For	rm 990, Part IV, lir	ne 11e or 11f. Se	e Form 990, Part X,
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		•			
(1) Federal income taxes (2) (3) (4) (5) (6)	1.				(b) Book value
(2) (3) (4) (5) (6) (7)		ncome taxes			
(3) (4) (5) (6) (7)					
(4) (5) (6) (7)					
(5) (6) (7)					
(6) (7)					
(7)					
	To 1000				
TA.	57.10W =				
(9)	* (10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		mn (b) must equal Form 990, Part X, col. (B) line 25.)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

LEGIC.	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	E00 011
1	Total revenue, gains, and other support per audited financial statements	Edward .	500,811.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	RULE I	
a	Hot difficulted game (1999) of the state of		
b		The state of the s	
C	Recoveries of prior year grants	No. 10	
d	Add lines 2a through 2d	2e	29,623.
е 3	Subtract line 2e from line 1	3	471,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	80 81	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	ON THE REAL PROPERTY.	
ь	Other (Describe in Part XIII.)	8588	
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	471,188.
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	443,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1000	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		15 440
е	Add lines 2a through 2d	2e	15,448.
3	Subtract line 2e from line 1	3	428,212.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	1000	
þ	Other (Describe in Fair Air.)	4c	
C	Add lines 4a and 4b	5	428,212.
5 Part			
Fart			
Drovio	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	e 4; Part X, line
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	o; Part V, line	e 4; Part X, line
Provic 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir	; Part V, line formation.	e 4; Part X, line
2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2t t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir	formation.	e 4; Part X, line
2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	formation.	e 4; Part X, line
2; Par Pt X	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in Line 2: THE BDBMC HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THE	formation.	e 4; Part X, line
2; Par Pt X	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2t t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir	formation.	e 4; Part X, line
2; Par Pt X HAS	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in Line 2: THE BDBMC HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THE	IANCIAL	
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2; Par Pt X HAS STA	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in Line 2: THE BDBMC HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FIN	IAT IT IANCIAL	NUE
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2; Par Pt X HAS STA	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in the second sec	IAT IT IANCIAL	NUE
2; Par Pt X HAS STA CO BY T	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in XI, Line 2: THE BDBMC HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINATEMENTS TO COMPLY WITH THE PROVISIONS OF SECTION 501(A) OF THE INTERPODE. WITH FEW EXCEPTIONS, THE BDBMC IS NO LONGER SUBJECT TO INCOME TO THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS PRIOR TO 2016.	IAT IT IANCIAL	NUE
2; Par Pt X HAS STA CO BY T	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in the com	IAT IT IANCIAL	NUE
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Pt X HAS STA CO BY T	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in XI, Line 2: THE BDBMC HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCEMENTS TO COMPLY WITH THE PROVISIONS OF SECTION 501(A) OF THE INTERPODE. WITH FEW EXCEPTIONS, THE BDBMC IS NO LONGER SUBJECT TO INCOME TO THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS PRIOR TO 2016. (I, Line 2d: SPECIAL EVENTS EXPENSES)	IAT IT IANCIAL	NUE
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Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	

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		01111

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization 65-0255366 BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, e

Solicitation of non-government grants ☐ Mail solicitations f Solicitation of government grants Internet and email solicitations g

Special fundraising events ☐ Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (or retained by) fundraiser listed in (iv) Gross receipts (i) Name and address of individual (or retained by) organization custody or control of contributions? (ii) Activity from activity or entity (fundraiser) col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

,	
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		9	(a) Event #1 Business appreciation (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	25,520.			25,520.			
ш	2 3	Less: Contributions Gross income (line 1 minus line 2)	25,520.			25,520.			
	4	Cash prizes							
Direct Expenses	5	Noncash prizes							
	6	Rent/facility costs							
	7	Food and beverages	12,945.			12,945.			
Direc	8	Entertainment							
	9	Other direct expenses	2,502.			2,502.			
Pa	10 11 rt II	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answe	olumn (d)		15,447. 10,073. or reported more than			
_		\$15,000 on Form 990-E		(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add			
Revenue	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
irect [4	Rent/facility costs							
	5	Other direct expenses .			☐ Yes %				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No				
	7	Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)					
9	а	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?							
10		Were any of the organization's of the way of the organization's organization's of the organization's of the organization's of the organization's of the organization's org			nated during the tax yea				

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3				
11	Does the organization conduct garming doubles with normalization	☐ Yes	☐ No				
12	Torritod to definition orientable garmig.	☐ Yes	□ No				
13	Indicate the percentage of gaming activity conducted in:		0/				
а	The organization's facility		<u>%</u> %				
ь	An outside facility		/0				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ►		********				
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?						
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$						
С	tames at the state of a section						
	Name ►						
	Address ►						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ► \$						
	escription of services provided						
	□ Director/officer □ Employee □ Independent contractor						
17	Mandatory distributions:						
а	the state of the s						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$						
Part		iii) and (nal infor	(v); and mation.				
			2002-5-076				

22224							

0=3/5-9///							

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number						
BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY, INC	65-0255366						
Pt VI, Line 6: THE ORGANIZATION HAS MEMBERS.							
LC VI, DINO C. THE CICALICA AND CONTROL OF THE CONT							
Pt VI, Line 7a: MEMBERS OF THE ORGANIZATION ARE ENTITLED TO APPOINT INDIVIDUALS							
TO SERVE ON THE BOARD OF DIRECTORS.							
Pt VI, Line 11b: THE 990 IS REVIEWED BY THE BOARD BEFORE FILING.							
Pt VI, Line 12c: IF, AND/OR WHEN ANY ISSUE MAY ARISE REGARDING A CONFLICT OF							
INTEREST, IT IS DISCLOSED AT THE ORGANIZATION'S BOARD MEETINGS.							
Pt VI, Line 15a: THE BOARD OF DIRECTORS MAKES A RECOMMENDATION AN	D DECISION						
OF COMPENSATION.							
	44-104-114-114-114-114-114-114-114-114-1						

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