



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



200712
OMB No 1545-1150

2007

Open to Public Inspection

Form 990-EZ

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning January 1, 2007, and ending December 31, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Northwest Florida Development Group, Inc.	D Employer identification number 63 : 1008579
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 550	E Telephone number (334) 427-3000
		City or town, state or country, and ZIP + 4 Andalusia, AL 36420-1299	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) ▶

I Website: ▶ N/A

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

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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
6b	Less: direct expenses other than fundraising expenses	6b	0	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
7b	Less: cost of goods sold	7b	0	
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0	
8	Other revenue (describe ▶ N/A)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	0	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe ▶ N/A)	16	0
17	Total expenses. Add lines 10 through 16	17	0	
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 9	18	0
	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	0
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0

Rec Date
10-14-10

RECEIVED
OCT 18 2010
IRS SOUTHERN UTAH

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22 0
23 Land and buildings	0	23 0
24 Other assets (describe ▶ N/A)	0	24 0
25 Total assets	0	25 0
26 Total liabilities (describe ▶ N/A)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2007)

SCANNED NOV 17 2010

918

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

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0
- 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," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		✓
40e		✓

- 41** List the states with which a copy of this return is filed. ▶ None
- 42a** The books are in care of ▶ F. Ferrell Walton Telephone no. ▶ (334) 427-3000
 Located at ▶ P.O. Box 550 Andalusia, AL ZIP + 4 ▶ 36420-1299

- 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: ▶ N/A
- See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- 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: ▶ N/A

	Yes	No
42b		✓
42c		✓

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43 0

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

Please Sign Here

Signature of officer: *F. Ferrell Walton* Date: 10/14/2010

F. Ferrell Walton Assistant Secretary Treasurer
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst X): _____

EIN: _____ Phone no: () _____

Northwest Florida Development Group, Inc
Listing of Officers, Directors, Trustees, and Key Employees
12/31/2007

Purpose of exemption: To conduct an economic and industrial marketing development service center for PowerSouth Energy Cooperative and its four Florida Cooperatives.

Northwest Florida Development Group, Inc
Listing of Officers, Directors, Trustees, and Key Employees
12/31/2007

<u>Name/Address</u>	<u>Title</u>	<u>Avg. Hours per Week Devoted to Position</u>	<u>Compensation</u>	<u>Employee Benefit Plan/Deferred Compensation Contributions</u>	<u>Expense Account/Other Allowances</u>
Gary L. Smith P.O. Box 550 Andalusia, AL 36420-1299	Executive Vice-President	1.0	0	0	0
James T Ramage, III P.O. Box 550 Andalusia, AL 36420-1299	Chairman	1.0	0	0	0
Ronald C Jones P.O. Box 550 Andalusia, AL 36420-1299	Vice Chairman	1.0	0	0	0
R Gary Harrison P.O. Box 550 Andalusia, AL 36420-1299	Secretary/Treasurer	1.0	0	0	0
F Ferrell Walton P.O. Box 550 Andalusia, AL 36420-1299	Asst Secretary Treasurer	1.0	0	0	0