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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

**2008****Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

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

**C**  
 MARION COUNTY DEVELOPMENT  
 PARTNERSHIP, INC.  
 P.O. BOX 272  
 COLUMBIA, MS 39429

**D** Employer identification number

45-0502805

**E** Telephone number

601-736-6385

**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: ▶ WWW.MCDP.INFO**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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 253,589.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	195,100.
	2	Program service revenue including government fees and contracts	2	8,400.
	3	Membership dues and assessments	3	39,115.
	4	Investment income	4	3,338.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	6,717.
	6b	Less direct expenses other than fundraising expenses	6b	9,133.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-2,416.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE STATEMENT 1)	8	919.	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	244,456.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	1,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	66,817.
	13	Professional fees and other payments to independent contractors	13	2,275.
	14	Occupancy, rent, utilities, and maintenance	14	6,190.
	15	Printing, publications, postage, and shipping	15	3,332.
	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	124,775.
	17	<b>Total expenses</b> (add lines 10 through 16)	17	204,389.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	40,067.
	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	241,524.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-6,607.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	274,984.

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	405,424.	22 443,614.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 5)	368,353.	24 323,543.
25 Total assets	773,777.	25 767,157.
26 Total liabilities (describe ▶ SEE STATEMENT 6)	532,253.	26 492,173.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	241,524.	27 274,984.

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

Form 990-EZ (2008)

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SCANNED JUL 09 2010

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 7**

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

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

**28** **SEE STATEMENT 8**

(Grants \$ ) If this amount includes foreign grants, check here

**28a****29** **SEE STATEMENT 9**

(Grants \$ ) If this amount includes foreign grants, check here

**29a****30** **SEE STATEMENT 10**

(Grants \$ ) If this amount includes foreign grants, check here

**30a****31** Other program services (attach schedule) **SEE STATEMENT 11**

(Grants \$ ) If this amount includes foreign grants, check here

**31a****32** **Total program service expenses** (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
GERALD FRAZIER 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	EXECUTIVE DIRECTOR 40.00	0.	0.	5,413.
CAROLYN BURTON 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	VICE PRESIDENT 40.00	34,659.	0.	1,214.
JAY CARNEY 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	DIRECTOR 0	0.	0.	0.
MRS. DONALD HALES 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	DIRECTOR 0	0.	0.	0.
TODD WATTS 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	DIRECTOR 0	0.	0.	0.
ANTHONY HARRIS 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	DIRECTOR 0	0.	0.	0.
JONATHAN JONES 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	CHAIRMAN 0	0.	0.	0.
HELMAN JOHNSON 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	DIRECTOR 0	0.	0.	0.
RICHARD DAVIS 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	DIRECTOR 0	0.	0.	0.
TIM MAGEE 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	TREASURER 0	0.	0.	0.
TODD PITTMAN 412 COURTHOUSE SQUARE COLUMBIA, MS 39429	DIRECTOR 0	0.	0.	0.

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b</b> 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I <b>40b</b>		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The books are in care of **CAROLYN BURTON** Telephone no. **601-736-6385**  
 Located at **412 COURTHOUSE SQUARE COLUMBIA MS** ZIP + 4 **39429**

	Yes	No
<b>b</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		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> 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		X
<b>42c</b>		

**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** ☐ N/A ☒ N/A

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

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

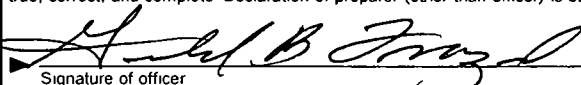
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

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

Sign Here



Signature of officer

Date

5-14-2010

GERALD B. FRAZIER, President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature



Date

5/10/10

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

N/A

Firm's name (or yours if self-employed), address, and ZIP + 4

SANDERSON CPA, PLLC

704 MAIN STREET

COLUMBIA, MS 39429-2725

EIN

N/A

Phone no

(601) 736-0112

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

MISCELLANEOUS

	\$	919.
TOTAL	\$	<u>919.</u>

STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP - WM CAREY CO
DONEE'S NAME:	DANIELLE BENNETT

RELATIONSHIP OF DONEE:	COLUMBIA, MS 39429
------------------------	--------------------

CASH AMOUNT GIVEN:	NONE
--------------------	------

\$	500.
----	------

CLASS OF ACTIVITY:	SCHOLARSHIP - MS COLLEGE
DONEE'S NAME:	HEATHER GREENLEE

RELATIONSHIP OF DONEE:	COLUMBIA, MS 39429
------------------------	--------------------

CASH AMOUNT GIVEN:	NONE
--------------------	------

\$	500.
----	------

STATEMENT 3  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

ACTION TEAM EXPENSES	\$	106.
BANK CHARGES		68.
CATCHY FRIDAY		1,330.
CONTINUING EDUCATION		378.
DUES & SUBSCRIPTIONS		634.
EDUCATION		1,185.
IMAGE ENHANCEMENT		1,179.
INSURANCE		4,764.
LEADERSHIP MARION COUNTY		6,208.
MAIN STREET PROJECT		61,208.
MARKETING		14,419.
MISCELLANEOUS		747.
OFFICE EXPENSES		971.
OFFICER EXPENSES		6,627.
PROFESSIONAL ORGANIZATIONS		2,189.
QUARTERLY NEWSLETTER		283.
REPAIRS & MAINTENANCE		10,832.
SECURITY		334.
SMALL BUSINESS WORKSHOP		262.
SUPPLIES		3,856.
TELEPHONE		7,195.
TOTAL	\$	<u>124,775.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN LOCAL GOVERNMENT RESOLUTIONS		\$	-6,607.
	TOTAL	\$	<u>-6,607.</u>

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 1,375.	\$ 3,565.
FURNITURE AND FIXTURES	1,478.	1,478.
LOCAL GOVERNMENT RESOLUTIONS - CITY PARK	350,500.	303,500.
NOTES AND LOANS RECEIVABLE	15,000.	15,000.
TOTAL	<u>\$ 368,353.</u>	<u>\$ 323,543.</u>

**STATEMENT 6**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,414.	\$ 1,857.
SECURED MORTGAGES AND NOTES PAYABLE	530,839.	490,316.
TOTAL	<u>\$ 532,253.</u>	<u>\$ 492,173.</u>

**STATEMENT 7**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF THE MARION COUNTY DEVELOPMENT PARTNERSHIP IS TO PROVIDE A FRAMEWORK WITHIN WHICH PUBLIC AND PRIVATE RESOURCES CAN BE UTILIZED EFFECTIVELY TO PROMOTE ECONOMIC DEVELOPMENT IN MARION COUNTY. THE MCDP WILL SERVE AS A FORUM FOR EFFECTIVE COLLABORATION BETWEEN VARIOUS ENTITIES TO IDENTIFY ISSUES AFFECTING THE AREA, AND WILL PROVIDE LEADERSHIP IN MAKING STRATEGIC USE OF AVAILABLE RESOURCES TO ACHIEVE SHORT AND LONG TERM ECONOMIC DEVELOPMENT GOALS AND OBJECTIVES. THE MCDP WILL FACILITATE AND STIMULATE ECONOMIC GROWTH THROUGH THE RESOURCES OF ITS MEMBERS AND PARTNERS LEADING TO AN IMPROVED ECONOMIC WELL BEING AND QUALITY OF LIFE FOR MARION COUNTY CITIZENS.

**STATEMENT 8**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

RENEWAL OF DOWNTOWN DISTRICT - THE ORGANIZATION TOOK THE LEAD IN REJUVENATING DOWNTOWN COLUMBIA BY CONTRACTING THE INSTALLATION OF LAMPPOSTS AND BRICK SIDEWALKS TO ENHANCE THE HISTORIC SIGNIFICANCE OF THE DISTRICT. THE MARION COUNTY DEVELOPMENT PARTNERSHIP SERVICES THE DEBT OF THE PROJECT WITH FUNDS FROM ITS OPERATING BUDGET ALONG WITH ADDITIONAL FINANCIAL COMMITMENTS FROM THE CITY OF

**STATEMENT 8 (CONTINUED)**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

COLUMBIA, AND THE MARION COUNTY BOARD OF SUPERVISERS. IT IS THE EXPECTATION OF THE ORGANIZATION THAT THESE EFFORTS WILL DEMONSTRATE COMMUNITY PRIDE AND AID IN ATTRACTING NEW INDUSTRY TO THE COUNTY.

**STATEMENT 9**  
**FORM 990-EZ, PART III, LINE 29**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE CHAMBER OF COMMERCE DIVISION OF MCDP EMPLOYS VARIOUS MEANS TO SUPPORT THE BUSINESS COMMUNITY OF MARION COUNTY. THESE INCLUDE (1) MAINTAINING POSITIVE AND PRODUCTIVE WORKING RELATIONSHIPS WITH ALL COMMUNITIES IN THE COUNTY, (2) ENHANCING PARTNERSHIPS BETWEEN BUSINESS AND SCHOOL DISTRICTS, (3) DEVELOPING AND MARKETING TOURISM OPPORTUNITIES, (4) MAINTAINING POSITIVE RELATIONSHIPS WITH CITY AND COUNTY GOVERNMENT, (5) PROVIDING NETWORKING OPPORTUNITIES INCLUDING SMALL BUSINESS WORKSHOPS, (6) EXPLORING OPPORTUNITIES TO ENHANCE THE IMAGE OF MARION COUNTY, (7) PRODUCING VARIOUS PUBLICATIONS SUCH AS MEMBER NEWSLETTERS, NEW COMERS GUIDE, SMALL BUSINESS START-UP GUIDE, MEMBERSHIP DIRECTORIES AND BROCHURES, ETC. TO ITS MEMBERS AND PROSPECTS, AND (8) MANAGING MULTIPLE "ACTION TEAMS" COMPRISED OF MCDP MEMBERS TO ACCOMPLISH VARIOUS FACETS OF MCDP'S MISSION.

**STATEMENT 10**  
**FORM 990-EZ, PART III, LINE 30**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ECONOMIC DEVELOPMENT DIVISION OF MCDP STRIVES TO: (1) IDENTIFY AND EXPLORE WAYS TO MEET THE NEEDS OF LOCAL MANUFACTURING, (2) FACILITATE THE CREATION OF JOBS AND ATTRACT CAPITAL TO THE AREA, AND (3) FORMULATES STRATEGIES TO DEVELOP ADDITIONAL PROPERTIES FOR ECONOMIC GROWTH.

**STATEMENT 11**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
<p>THE PLANNING/PARTNERSHIP DIVISION OF MCDP (1) COLLABORATES WITH INVESTMENT PARTNERS TO ACHIEVE THE OVERALL GOALS AND MISSION OF THE MCDP AND FULFILL THE INTENT OF THE PARTNER'S AGREEMENTS AND CONTRACTS AND (2) REVIEWS APPLICATIONS, APPROVES PLANS, AND ENSURES COMPLIANCE WITH RESIDENTIAL SUBDIVISION REGULATION.</p> <p style="padding-left: 40px;">INCLUDES FOREIGN GRANTS: NO</p> <p>LEADERSHIP MARION COUNTY - THE MISSION OF THE PROGRAM IS TO PROVIDE EXISTING AND POTENTIAL LEADERS WITH A DEEPER UNDERSTANDING OF THE CRITICAL ISSUES FACING MARION COUNTY, TO FURTHER THEIR LEADERSHIP SKILLS, AND TO ENCOURAGE</p>		



2008

**FEDERAL STATEMENTS**  
MARION COUNTY DEVELOPMENT  
PARTNERSHIP, INC.**PAGE 4**

45-0502805

**STATEMENT 11 (CONTINUED)**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>0.</u> <u>GRANTS</u>	<u>PROGRAM</u> <u>SERVICE</u> <u>EXPENSES</u>
GRADUATES TO TAKE THEIR KNOWLEDGE AND EXPERIENCE INTO THE COMMUNITY FOR THE BETTERMENT OF MARION COUNTY.		
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ <u>0.</u>	\$ <u>0.</u>

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	MARION COUNTY DEVELOPMENT PARTNERSHIP, INC.	45-0502805
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 272	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	COLUMBIA, MS 39429	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ CAROLYN BURTON

Telephone No. ▶ 601-736-6385 FAX No ▶ 601-736-6392

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ ☐ calendar year 20\_\_ or
- ▶ ☒ tax year beginning 10/01, 20 08, and ending 9/30, 20 09

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)