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Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

	•	•	U	nder section 501(c), 527, or 4947(a)(1) of the Internal Rever		ept bla	ck lung		2009
		he Treasury ie Service		benefit trust or private foundation The organization may have to use a copy of this return to satis	•	a roau	romonto		Open to Public
					2009, and end			06 3	0 , 20 10
		pplicable	Please	C Name of organization MORGAN COUNTY PARTNERSHIP I		iirig _		_	
_	ddress c		use IRS	Doing Business As	LNC				Employer identification no. 6 - 4467473
_	ame cha	-	label or print or	Number and street (or P O box if mail is not delivered to street address)		Ī.,,,,,		_	
रत	ntial retur	·	type.			Room/s	surte		Telephone number
=			See Specific	26 CHAPMAN ST		<u> </u>		—	304)258-7807
=	erminate		Instruc- tions.	City or town, state or country, and ZIP + 4					Gross receipts
=	mended	1	<u> </u>	BERKELEY SPRINGS, WV 25411			···	<u> </u>	s 150,984
_J ^	pplication	n pending		and address of principal officer DAVID AMBROSE		H(a)	s this a group	return	for — =
				HAPMAN ST, BERKELEY SPRINGS, WV 25411			s this a group affiliates?		™ ∐Yes X No
	ax-exem		X 501(c)(3) ◀ (insert no)			Are all affiliate		ded? Yes No see instructions)
J V	Vebsite:	► N/A				H(c)	Group exemp	tion nun	nber •
			Corporation	Trust Association Other ▶ L Year	of formation 20	09	M State of	legal do	omicile WV
Pa	11	Summar	<u>y</u>					_	_
	1	Briefly descri	ibe the or	anization's mission or most significant activities. OPERA	ATE AND MA	INTA	IN AN E	DUCA	ATIONAL
^		ORGANIZA	TION F	OR CHILDREN AND ADULTS.					
G					-				
V									
V e i r	2	Check this b	ox ▶ 🔲 i	the organization discontinued its operations or disposed of mor	re than 25% of	ts net a	ssets.		
'n	3	Number of vo	oting men	bers of the governing body (Part VI, line 1a)				3	0
la en	4	Number of in	depender	t voting members of the governing body (Part VI, line 1b)			🗀	4	0
s c	5			/ees (Part V, line 2a)			_	5	0
a e	6			eers (estimate if necessary)				6	<u>_</u> <u>-</u>
	7a			usiness revenue from Part VIII, column (C), line 12			⊢ -	7a	0
	I .			taxable income from Form 990-T, line 34			⊢	7b	0
	†						or Year	••	Current Year
R e	8	Contributions	s and grad	ts (Part VIII, line 1h)			UI TEAL		150,984
٧	9		-	ue (Part VIII, line 2g)				-+	130,304
e n	10			rt VIII, column (A), lines 3, 4, and 7d)				\dashv	
Ų	11			II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-	0
е	12			es.8.through 11 (must equal Part VIII, column (A), line 12)				-	150,984
		Grants and s	untildram	unis/patd Part IX, column (A), lines 1-3)					130,364
	14			nembers (Part) Column (A), line 4)					
E	1	Solorio Noth	05/00mp0	metrices (Fait in Scotumin (A), line 4)	· · · · · ·				0
P	160	Broton	e MANbe	sation, employee benefits (Part IX, column (A), lines 5-10)					127,245
e n	Ioa	Tatal	Turiuraisii	grees (Part IX, egyunn (A), line 11e)					0
s	170	Total junoral							
e s	1							_	23,489
	18			nes 13-17 (must equal Part IX, column (A), line 25)					150,734
N1	19	nevenue les	s expens	s. Subtract line 18 from line 12				\dashv	250
Net Assets	20	Total as+-	/Dealy 1	20.16)	_	eginning o	f Current Yea	er	End of Year
or Fund	20		•	ne 16)	<u> </u>			-	1,026
Bal-	21		-	line 26)					0
ances	22			nnces. Subtract line 21 from line 20	· · · · · · <u> </u>				1,026
Pai		Signatu							
	2	and belief, it is	es or perjury strue, confec	I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all informa	d statements, and to ation of which prepa	o the best rer has ar	ot my knowle ly knowledge	edge	
c:~-			$\Omega / .$	A My July Mush			,		1.1.
Sigr 			"XAI	LUD UMALINIA				5	1/5/1/
Her		Signatur	eros princer					Date /	, , ,
	S		TÍN WI						
	_=	Type or	print name a	nd title /					
	Q	Preparer's		Date	Check if				fying number
Paid	9	signature	100	a Att In	self- employe	d ▶ 🗌	(see instr	uctions))
	are		106	05-12-203	 		Ш		
lise i	Only	Eim's name (Bradley Thomas Matthew Close CPA		EIN	>		

PO BOX 636

BERKELEY SPRINGS, WV 25411

if self-employed), address, and ZIP + 4

. Yes 🛛 No

Phone no ▶ 304-258-4742

Par	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	OPERATE AND MAINTAIN AN EDUCATIONAL ORGANIZATION FOR CHILDREN AND ADULTS.	
	The second of th	
		
	D	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code) (Expenses \$86,337 including grants of \$) (Revenue \$)
	OPERATE AND MAINTAIN AN EDUCATIONAL ORGANIZATION FOR CHILDREN AND ADULTS IN AND AROUND MORGA	Ŋ
	COUNTY, WEST VIRGINIA. PROGRAMS ARE GEARED TOWARD DRUG AND ALCOHOL ABUSE, TREATMENT AND	
	PREVENTION, IN ADDITION TO OTHER FAMILY ORIENTED PROGRAMS.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		•
	·	
4d	Other program services. (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 86,337	

Form 990 (2009) MORGAN COUNTY PARTNERSHIP INC

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26-4467473

Page 2

Part IV

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u> </u>		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
7	· ·			<u> </u>
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	į	v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		٠,,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	·····	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		 	
•	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		Ī	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	İ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		 	
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	.,_		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16				1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		x
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	10	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		v
46	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		\ v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_ ا		٠,
	If "Yes," complete Schedule G, Part III	19	├—	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

26-4467473

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X 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 23 Х 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 Х 24a 24b through 24d and complete Schedule K. If "No," go to line 25 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a Х 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 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Х 28c $\overline{\mathbf{x}}$ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I..... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 38

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year				Yes	No
Enter the number of Forms W-25 miclased in line 1s. Enter -0" of not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) writings to prize with reference of the property of the pro	1a	,			
b It the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (paming) winnings to prize winners? 2 Enter the number of employees exported 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? 2 It all least one is reported on the 22, did the organization file all required federal employment tax returns? 2 It all least one is reported on the 22, did the organization file all required federal employment tax returns? 2 It all least one is reported on the 22, did the organization file all required federal employment tax returns? 3 It of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 It is a set in filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 It is a set in filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 It is a set in filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 It is a set in filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 It is a set in filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 It is a set in filed a Form 990-T for the year? If No.* provide an explanation in Schedule O 5 It is a set in filed a Form 990-T for the year? If No.* provide a set was a park account, or other authority over, a financial account in a foreign country work as a bank account, so the area of the foreign country over, a financial account in a foreign country over, a financial accountry. 5 It is a set organization and the foreign country work as a bank account of the set organization and a financial Accounts. 5 It is a set organization and the organization file at was or a a party to a prohibed tax shelter transaction at any time during the tax year? 5 It is a did a provide of the party or a prohibed tax shelter transaction at any time during the tax year.				,	
gamning (gambbing) winnings to prize winners? Enter the mathest of emptyposes reported on Form W-3, Transmittal of Wage and Tax Statements, fleed for the calendar year ending with or within the year covered by this return? If at least one is reported on line 2a, did the organization file all required deferal emptypyment tax returns? Note, if the sum of lines it as and 2a is greater than 250, you may be required to e-file their return (see If the sum of lines it as and 2a is greater than 250, you may be required to e-file their return (see If it was in 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, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account). If "Yes," enter the name of the foreign country (such as a bank account, securities and accounts of the interest in the securities and accounts of the organization that are remaited to the securities and accounts of the organization in the form securities and accou		· · · · · · · · · · · · · · · · · · ·	:		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, left of the celaridary year anding with or within the year covered by this return. 8 I at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to elie this return (see instructions) 9 I will be organization have unrelated business gross income of \$1,000 or more during the return? 9 I will be organization than unrelated business gross income of \$1,000 or more during the return? 9 I will be organization than unrelated business gross income of \$1,000 or more during the year covered by this return; 9 I will be organization and unrelated than the set of the support of the year? If No. provide an explanation in Schedule O 3b	С				
Statements, filed for the calendar year ending with or within the year covered by this return. It is all least one is reported on line 2a, did the organization the all required device implyyment tax returns? Note: If the sum of lines it and act is greater than 250, you may be required to 4-lie bit return (see instituctions) Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by the return of the form of the year? If 'No.' provide an explanation in Schedulie O All 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. Be the termination of the foreign country. See the instructions for exceptions and filing requirements for Form TD F90-22 I, Report of Foreign Bank and Financial Accounts. Was the organization aprity to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization aprity to a prohibited tax sheller transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall were that adeductible? 6a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that may receive deductible contributions under section 170(c). 7b Organizations that any receive deductible contributions under section 170(c). 9c Did the organization shall except an excess of \$75 made partly as a contribution and partly for goods and	0 -		10		ļ
h lat least one is reported on line 2a, dother organization file all required feederal employment tax returns? Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-life this return (see instructions) Note the sum of lines ta and 2a is greater than 250, you may be required to e-life this return? A did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? A tany time during the calendary 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 in a foreign country (such as a bank account, securities account, or other financial accounts). See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. We shall be the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. We shall be shall be party notify the organization that t was or is a party to a prohibited tax shelter transaction? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. We shall be shall be party notify the organization that t was or is a party to a prohibited tax shelter transaction? See the instructions of the organization of that the was or is a party to a prohibited tax shelter transaction? See the instructions of the organization of the organization file form 8886 T, Disclosure by Tax-Esempt Entity Regarding Prohibited Tax Shelter Transaction? Foreign Tax Shelter Transaction? O prophilizations that may receive deductible contributions under section 178(c). If Yes, "did the organization include with every solicitation and express statement that such contributions or gradity that they receive deductible contributions under section 178(c). Did the organization and the number of Forms 8282 filed du	Za				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Job the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? John Horse, has it flied a Form 990-T for this year? If 'No,' provide an explanation in Schedule O Jab If 'Yes,' has it flied a Form 990-T for this year? If 'No,' provide an explanation in Schedule O Jab If 'Yes,' has it flied a Form 990-T for this year? If 'No,' provide an explanation in Schedule O Jab If 'Yes,' has it flied a Form 990-T for this year? If 'No,' provide an explanation in Schedule O Jab If 'Yes,' enter the name of the foreign country Sae the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization and to any the organization flies of the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Jacob Bank Sample Prohibited Tax Sheller Transaction at any time during the tax year? Sa					
an structions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 1 b 1 "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0	D	· · · · · · · · · · · · · · · · · · ·	2b	ļ	
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X b If Yes, has it filed a Form 99.T for this year? If No,* provide an explanation in Schedule O 3b V 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 and foreign country (such as a bank account, securities account, or other financial account and foreign country. 5b If Yes, enter the name of the foreign country. 5ce the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5Was the organization party to a prohibited tax shelter transaction? and Financial Accounts. 5Was the organization party to a prohibited tax shelter transaction? and Financial Accounts. 5Was the organization party to a prohibited tax shelter transaction? by Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? by Did any taxable party notify the organization that was a complete than \$100,000, and did the organization solicit any contributions that were not tax deductable? 5c Potential Types, and the organization include with every solicitation an express statement that such contributions or grifts were not tax deductable? 6c Did the organizations that may receive deductible contributions under section 170(c). 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization notify the donor of the value of the goods or services provided? 7b Did the organization notify the donor of the value of the goods or services provided? 7c Did the organization shall may receive deductible contributions under section 170(c). 8 If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 9 If Yes, 1 did the organization notify the d					
this ratum? 34 if Yes, *has it field a Form 990-T for this year? If *No.* provide an explanation in Schedule O 35 if Yes, *has it field a Form 990-T for this year? If *No.* provide an explanation in Schedule O 35 if Yes, *has it field a Form 990-T for this year? If *No.* provide an explanation in Schedule O 35 if Yes, *has it field a Form 990-T for this year? If *No.* provide an explanation in Schedule O 35 if Yes, *has it field a Form 990-T for this year? If *No.* provided a sank account, or other financial accounts account? • 4a X X Yes, *the organization aparty to a prohibited tax shelter transaction? • 5b X Yes the organization aparty to a prohibited ax shelter transaction? • 5b X Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? • 5b X Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? • 5b X Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? • 5c Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? • 5c Yes, *to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization and yeon contributions that seem organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? • 6a X Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? • 70 Organizations that may receive deductible contributions under section 170(c). a Did the organization shall war receive deductible contributions under section 170(c). b If Yes, *did the organization norby the donor of the value of the goods or services provided? • 7b Yes, *did the organization on the year? • 7c Yes, *did the organization sell, exchange, or otherwise dispose of tanglide personal property for which it was required to the Form 8000 organizati	2-	·			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 5 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles and approximation file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles and approximation file a Form 1098-C as required? 7 For contributions of cars, boats, airplanes, and other vehicles and approximation file a Form 1098-C as required? 7 For contributions of cars, boats, and a Form 1098-C as required? 7 For contributions of cars, boats, and a Form 1098-C as required? 7 For contributions of cars, boats, and a Form 1098-C as required? 7 For contributions of cars, boats, and a Form 1098-C as re	е			1	
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tobal Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? The contributions and other sources or shareholders In the contributions of tax-exempt interest received or accrued during the year The contributions are proposed form to the surface or accrued during the year The contributions approximation and section 509(a)(3) supporting organization filing Form 1098 in lieu of Form 1041? The contributions included on a donor advised funds approximation filing Form 990 in lieu of Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contributions included on Form 1041? The contribu	f		<u> </u>		X
required?	g		7 <u>g</u>	<u> </u>	ļ .
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In 1990 (000)	h				İ
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? In the control of tax-exempt interest received or accrued during the year			7h	ļ	ļ
organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? It "Yes," enter the amount of tax-exempt interest received or accrued during the year Sponsoring organizations maintaining donor advised funds. 9a 10a 10a 11b 11b 12a Form 990 in lieu of Form 1041? 12a Form 990 in lieu of Form 1041?	8		1	1	
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?				ŧ	
Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15a Section 4947(a)(1)	_	· · · · · · · · · · · · · · · · · · ·	8	 	
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Ital			0-	Ŧ	
a Initiation fees and capital contributions included on Part VIII, line 12				+	1
a Initiation fees and capital contributions included on Part VIII, line 12			30	 	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				1	
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders		Gross receipts included on Form 900. Part VIII, line 12	\exists	1	
a Gross income from members or shareholders			1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				1	
amounts due or received from them)	_		1	I	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	U			1	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		 12a	Ī	
Farm 000 (000)	_			 	1
			Fon	n 990	(2009)

Form 990 (2009) MORGAN COUNTY PARTNERSHIP INC 26-4467473 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body Ь Enter the number of voting members that are independent n 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 X Does the organization have members, stockholders, or other persons who may elect one or more members X 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х Яa $\overline{\mathbf{X}}$ 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Х 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 x 12a 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Does the organization have a written whistleblower policy? 13 X X 14 Does 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? 15a Other officers or key employees of the organization 15b 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 16a X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply

- Own website Another's website X Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KRISTIN WILLARD (304)258-7807

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. Use Schedule J-2 if additional space is needed.

- 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. 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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.

Nous per	(A)	(B)			(C				(D)		(E)	(F)
Week	Name and Title	, -									Reportable	Estimated amount of
DAVID AMBROSE PRESIDENT 2.00 X CINDY LARGENT HILL SECRETARY 2.00 X DAVID BANKS VICE PRESIDENT 1.00 X BRENDA HUTCHINSON TREASURER X X TREASURER			nrı dur I se vt c I et de o u r	nr sust te ue t on a	f f C e	e y e m p l o y e	omployee state	o r m e	from the organization	(from related organizations	other compensation from the organization
DAVID AMBROSE PRESIDENT 2.00 X CINDY LARGENT HILL SECRETARY 2.00 X DAVID BANKS VICE PRESIDENT 1.00 X BRENDA HUTCHINSON TREASURER X X X X X X X X X X X X X	KRISTIN WILLARD											
PRESIDENT 2.00 X CINDY LARGENT HILL SECRETARY 2.00 X DAVID BANKS VICE PRESIDENT 1.00 X BRENDA HUTCHINSON TREASURER X X	DIRECTOR	40.00			Х					0	0	•
CINDY LARGENT HILL SECRETARY 2.00 X DAVID BANKS VICE PRESIDENT 1.00 X BRENDA HUTCHINSON TREASURER X X	DAVID AMBROSE							ŀ		1		
SECRETARY 2.00 X DAVID BANKS VICE PRESIDENT ERENDA HUTCHINSON TREASURER X TREASURER X TREASURER X TREASURER TREASURER TREASURER TREASURER TREASURER	PRESIDENT	2.00			X			L.,		\perp		
DAVID BANKS VICE PRESIDENT 1.00 X BRENDA HUTCHINSON TREASURER X X	CINDY LARGENT HILL	1										
VICE PRESIDENT 1.00 X BRENDA HUTCHINSON TREASURER X	SECRETARY	2.00			X							
BRENDA HUTCHINSON TREASURER X X	DAVID BANKS								1			
TREASURER X	VICE PRESIDENT	1.00	1		X			<u> </u>				
	BRENDA HUTCHINSON					ļ	1			-		
	TREASURER				X							
							-			+		
								<u> </u>		\dagger		
		-	+				-	-		+		
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			1	-		-				\dagger		
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	990 (200										26-4467	473	Pa	age 8
Pa	rt VII	Section A. Officers, Directors, Trustees	s, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
		(A)	(B)			(0	C)			(D)	(E)		(F)	
		Name and Title	Average hours per week	Positi d u r r i s e v t c i e t d e o u r a o i r	l t n r s u t s i t e u e	O f f - c e	All the Key employee	at apply) H c e I c m I mp l e e o s n y t s e t e d	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com f org	timated nount of other pensatio om the anization d related anization	1
	-							_						
												_		
				-		-								
	·		10				-	-				-		
				ļ	<u> </u>	+	\vdash				!			
									H			-		
		· · · · ·			_		-							
								<u> </u>	 - -					
1b	Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	(0		.	0
2		nber of individuals (including but not limited to e compensation from the organization	to those listed	above) wh	o re	ceiv	ed mo	re th	an \$100,000 in	0			
	· .											<u> </u>	Yes	No
3		rganization list any former officer, director o e on line 1a? If "Yes," complete Schedule J	-	-	-		_					. 3		X
4	-	ndividual listed on line 1a, is the sum of repo nization and related organizations greater the												
5		l										4		X
		rendered to the organization? If "Yes," com	plete Schedule	e J for	such	n pe	rson	<u> </u>	<u></u>			5		X
<u>Sec</u>		Independent Contractors e this table for your five highest compensate	d independen	t contra	acto	rs th	at re	eceive	d mo	ore than \$100,000	of			
	compens	sation from the organization. (A)								(B)			(C)	
		Name and business addre	ss						_	Description of	services	Comp	ensation	
							_							
	<u>-</u>				_									
2	Total nu	mber of independent contractors (including b	out not limited	to thos	e lis	ted	abov	ve) who	o rec	ceived				
		n \$100,000 in compensation from the organ								. —				

Part \	VIII#]	Statement of Revenu	е			(4)		(0)	<i>(</i> D)
_						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns		1a	1				
_	ь	Membership dues		1b					
Contn- butions.	С	Fundraising events		1c					
grits,	d	Related organizations		1d					
grants and	e	Government grants (contribution	ons)	1e	150,984]			
other sımılar	f	All other contributions, gifts, grand similar amounts not include	ants,	1f					
amounts	ا م	Noncash contributions include	d in lines 1a	a-1f: \$	L				
	h	Total. Add lines 1a-1f		-		150,984			
	-				Business Code			J1-1811411 817	
	2a					1	•		
	ь				_		,		
Program Service	c	-			-				
Revenue	d						 		
	e								
	f	All other program service reven	ue				_		
	1	Total. Add lines 2a-2f							
		Investment income (including di							<u> </u>
	-	other similar amounts)				1			
	4	Income from investment of tax-	exempt bon	d proce	eeds >				
	5	Royalties						_	
			(ı) Rea	ał	(ii) Personal				
	6a	Gross Rents				1			
	Ь	Less rental expenses				1			
	C	Rental income or (loss)							
	d	Net rental income or (loss) .				Ţ			
	7a	Gross amount from sales of	(ı) Secun	ties	(II) Other				
		assets other than inventory]			
	Ь	Less cost or other basis							
0		and sales expenses				-			
t	li .	Gain or (loss)			l	-		Ī	
e	1	Net gain or (loss)			· · · · · · · · · · · · · · · · · · ·			 	
r	oa	Gross income from fundraising							
R		events (not including \$	10)					† †	
е		of contributions reported on line See Part IV, line 18		•				•	
v e	۱ ۵	Less direct expenses				-		Ī	
n		Net income or (loss) from fundr				1	1	‡	
u e	1	Gross income from gaming acti	_	113 .		<u> </u>			
	"	See Part IV, line 19		. а				1	
	Ь,	Less: direct expenses				1		1	
		Net income or (loss) from gamil							<u> </u>
	1	· · · · · · · · · · · · · · · · · · ·	ng dourne						
	IUa	Gross sales of inventory, less returns and allowances		. а					
	Ь	Less: cost of goods sold				1		<u> </u>	
		Net income or (loss) from sales				†	Ì	Ţ	1
		Miscellaneous Revenue			Business Code				
	11a					1		1	ĺ
	Ь					† 			
	c					1			
		All other revenue			_				
	1	Total. Add lines 11a-11d .							
	1	Total revenue. See instruction				150,984		0	

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		·		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,245	63,623	63,622	
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				<u></u>
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management				
Ь	Legal				···
С	Accounting	775		775	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	14,077	14,077_		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	MEALS	236	236		
Ь	SUPPPLIES	8,401	8,401		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	150,734	86,337	64,397	0
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Part	X	Balance Sheet			
			(A)		(B)
		Cook non interest housing	Beginning of year	1	End of year 1,026
	1	Cash - non-interest-bearing		2	1,020
	2			3	
- 1	3	Pledges and grants receivable, net		4	
- 1	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		_	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		1 1	
A		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1 1	
s		Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
l		other basis Complete Part VI of Schedule D 10a			
	ь	Less. accumulated depreciation 10b		10c	
l	11	Investments - publicly traded securities		11	
1	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	1,026
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
.	19	Deferred revenue		19	
ī	20	Tax-exempt bond liabilities		20	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
p i	22	Payables to current and former officers, directors, trustees, key		 -+	
į	22	employees, highest compensated employees, and disqualified		1 1	
i		persons Complete Part II of Schedule L		22	
i	22	·		23	
е	23	Secured mortgages and notes payable to unrelated third parties		24	
S	24	Unsecured notes and loans payable to unrelated third parties		25	
	25	Other liabilities Complete Part X of Schedule D	0	26	0
	26	Total liabilities. Add lines 17 through 25		20	
		Organizations that follow SFAS 117, check here ▶ ☒ and			
I F		complete lines 27 through 29, and lines 33 and 34.			1 006
u n	27	Unrestricted net assets		27	1,026
ď	28	Temporarily restricted net assets		28	
В	29	Permanently restricted net assets		29	
Ba		Organizations that do not follow SFAS 117, check here ▶ ☐			
1		and complete lines 30 through 34.		1 . 1	
a n	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
е	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	0	33	1,026
	34	Total liabilities and net assets/fund balances	0	34	1,026

Form	990 (2009) • MORGAN COUNTY PARTNERSHIP INC 26-446747	3	P	age 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🗓 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	İ	1	
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		•	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Ī	1
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- 32		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Form 990 or 990-EZ.

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

MOR	GAN	COUNTY PARTNE	RSHIP INC						26-44	167473			_
Par	11	Reason for	Public Charity	Status (All organiza	tions must	complete t	his part) S	See instruc	tions.				
The o	orgar	nization is not a private	e foundation becaus	se it is (For lines 1 throu	gh 11, ched	k only one	e box)						
1		A church, convention	of churches, or as	sociation of churches de	scribed in s	section 17	O(Ь)(1)(А)	(i).					
2		A school described in	n section 170(b)(1)	(A)(ii). (Attach Schedule	ε)								
3		A hospital or a coope	erative hospital serv	ice organization describ	ed in sectic	n 170(b)(1)(A)(iii).						
4		A medical research of	organization operate	ed in conjunction with a h	ospital des	cribed in s	ection 170	(ь)(1)(а)(iii). Enter t	he hospital	l's name	,	
		city, and state	_										
5		An organization oper	ated for the benefit	of a college or university	owned or	operated b	y a govern	mental un	rt described	d in	_		
		section 170(b)(1)(A)											
6				governmental unit descri	bed in sect	ion 170(b)(1)(A)(v).						
7	X			substantial part of its su				or from the	general p	ublic			
		described in section	•	·		-							
8				170(b)(1)(A)(vi). (Comp	lete Part II)							
9				(1) more than 33 1/3% o			tributions, r	nembersh	ip fees, and	d gross			
	_	-		mpt functions - subject to									
		support from gross in	nvestment income a	and unrelated business to	axable inco	me (less s	ection 511	tax) from	businesses	3			
				30, 1975 See section 5									
10	П			exclusively to test for p				(4).					
11	$\bar{\sqcap}$			exclusively for the bene					ry out the				
	_			rted organizations descr						ction			
				the type of supporting of									
		a 🗌 Type I	b 🗌 Type		Type III-				d [Type II	I-Other		
е			k, I certify that the or	rganization is not control	led directly	or indirect	ly by one o	r more dis	qualified				
		persons other than f	oundation managers	s and other than one or i	more public	ly supporte	ed organiza	ations des	cribed ın se	ection			
		509(a)(1) or section	509(a)(2).										
f		If the organization re	ceived a written det	termination from the IRS	that it is a	Type I, Typ	pe II, or Ty	pe III supp	orting				
		organization, check	this box							<i>.</i>			[
g		Since August 17, 20	06, has the organiz	ation accepted any gift o	r contribution	on from an	y of the						
		following persons?											
		(i) A person who	directly or indirectly	controls, either alone or	together wi	th persons	described	l in (II)				Yes	No
		and (III) below,	the governing body	of the supported organiz	zation?						11g(i)		
		(ii) A family memb	er of a person desc	ribed in (i) above?							11g(ii)		<u> </u>
		(iii) A 35% controlle	ed entity of a persor	n described in (i) or (ii) at	bove? .					<i></i>	11g(iii)		<u>L</u>
_ <u>h</u>		Provide the following	information about	the supported organizati	on(s)				1		_		
	(i) I	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Did yo		(vi)			Amount	of.
		organization		(described on lines 1-9 above or IRC section	governing d	-	the organi col (i)		organizatii (i) organiz			upport	
				(see instructions))				oort?	US				
		_			Yes	No	Yes	No	Yes	No			
								ļ	ļ				-
			<u> </u>				<u> </u>	 -					
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_	_				1		1		1				
Tota			<u> </u>	I	1		<u> </u>	1	<u> </u>	1	<u> </u>		
For	Priv	acy Act and Paperw	ork Reduction Act	Notice, see the Instru	ictions for			EEA	Sc	chedule A (Fo	rm 990 or 9	990-EZ)	2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d)2008(e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 174,846 174,846 2 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 174,846 174,846 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 174,846 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 174,846 174,846 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 9 Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 174,846 11 Total support. Add lines 7 through 10 . 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 100.00 14 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop** here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	Support Schedule for Org		escribed in S	Section 509(a)(2)	20-110/1	1 age 0
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		1				
	ction B. Total Support		1 (-)	- [, ,	1 (3)	1 ()	<u> </u>
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here			rth, or fifth tax year	as a section 501(c)(3) · · · · · · · · · · ·	▶ □
_	ction C. Computation of Public Su			(0)		15	
15	Public support percentage for 2009 (line 8, c		-				<u>%</u>
16 Se	Public support percentage from 2008 Schediction D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	<u> </u>	. 10	
17	Investment income percentage for 2009 (line			column (f))		. 17	%
18	Investment income percentage from 2008 Sc						%
19a	33 1/3% support tests - 2009. If the organi 17 is not more than 33 1/3%, check this box	zation did not che	eck the box on line	14, and line 15 is r	more than 33 1/3%,	and line	▶ □
	33 1/3% support tests - 2008. If the organiline 18 is not more than 33 1/3%, check this	box and stop he	re. The organization	on qualifies as a pu	blicly supported or	ganization	▶ □
20	Private Foundation: If the organization did	not check a box o	on line 14, 19a, or	19b, check this box	and see instructio	ns	▶ 🗓

SCHEDULE O (Form 990) '

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection Employer identification number

Name of the organization	Employer identification number
MORGAN COUNTY PARTNERSHIP INC	26-4467473
01 Nombons on starthalden alarges and mights (Part III 14 c)	
01. Members or stockholder classes and rights (Part VI, line 6)	
THERE IS ONE CLASS OF VOTING MEMBERSHIP AND EACH MEMBER IS ENTITLED TO ON	LY ONE VOTE.
MEMBERS NOTE ON LEADERGUED AND STONESTORNE DESIGNOR WITHOUT THE ORGANIZATION	row.
MEMBERS VOTE ON LEADERSHIP AND SIGNIFICANT DECISIONS WITHIN THE ORGANIZAT	LUN.
	·
02. Member election for additional members (Part VI, line 7a)	
oz. Member election for additional members (Fait VI, line /a/	
EACH MEMBER IS ENTITLED TO ONE VOTE AND MAJORITY (>50%) RULES.	
03. Form 990 governing body review (Part VI, line 11)	
PREPARER FURNISHED TREASURER WITH COPIES OF THE RETURN FOR ALL BOARD MEMB	ERS TO REVIEW.
TREASURER THEN DELIVERED THE RETURNS TO EACH BOARD MEMBER.	
04 Coverning deguments of available to muliis (Port VI line 10)	
04. Governing documents, etc, available to public (Part VI, line 19)	
RECORDS ARE MADE AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST.	
	

Form 886	58 (Rev 4-2009)		Page 2	
• If yoʻu	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			
Note. On	ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed For	m 8868.	-	
● If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	oies needed) _	
Type or print	1.0000000000000000000000000000000000000	Employer identification number 26-4467473		
File by the extended due date fo	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only		
filing the return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions BERKELEY SPRINGS, WV 25411			
	/pe of return to be filed (File a separate application for each return)			
X Form			☐ Form 6069	
_	990-BL		☐ Form 8870	
Form	990-EZ Form 990-T (trust other than above) Form 5227			
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly filed Fo	orm 8868.	
	ooks are in the care of ► KRISTIN WILLARD			
Telep	hone No ► 304 - 258 - 7807 FAX No. ►			
• If the	organization does not have an office or place of business in the United States, check this box		▶ □	
	•	If this is	_	
	hole group, check this box If it is for part of the group, check this box and attach a			
	he names and EINs of all members the extension is for			
4 I re	equest an additional 3-month extension of time until 05-16, 2011	·		
5 Fo	For calendar year , or other tax year beginning 07-01 , 2009 and ending 06-30 , 2010.			
6 If t				
7 Sta				
8a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		· _ ·	
les	ss any nonrefundable credits. See instructions	8a	\$	
b If t	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and) "		
es	timated tax payments made. Include any prior year overpayment allowed as a credit and any			
an	nount paid previously with Form 8868	8b	\$	
c Ba	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	
	Signature and Verification			
	alties of penury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledgorrect, and complete, and that I am authorized to prepare this form	e and belief,		
Signature	► Title ►	Date ►		
EEA		For	m 8868 (Rev 4-2009)	