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Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10-01-2009

, and ending 09-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

C Name of organization Manion County Development Partnership Inc	D Employer identification number 45-0502805
Number and street (or P O box, if mail is not delivered to street address) PO Box 272	E Telephone number (601) 736-6385
City or town, state or country, and ZIP + 4 Columbia, MS 39429	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

J Tax-Exempt status (check only one)  501(c) (6) (insert no)  4947(a)(1) or  527

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

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 231,980

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

1 Contributions, gifts, grants, and similar amounts received	1	187,000
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	39,105
4 Investment income	4	1,717
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6a	3,772
a Gross revenue (not including \$ of contributions reported on line 1)	6b	4,634
b Less direct expenses other than fundraising expenses	6c	-862
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	0
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	386
8 Other revenue (describe ►)	9	227,346
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10 Grants and similar amounts paid (attach schedule) ►	10	500
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	69,480
13 Professional fees and other payments to independent contractors	13	6,835
14 Occupancy, rent, utilities, and maintenance	14	6,601
15 Printing, publications, postage, and shipping	15	3,522
16 Other expenses (describe ►)	16	119,628
17 Total expenses. Add lines 10 through 16	17	206,566
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,780
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	274,984
20 Other changes in net assets or fund balances (attach explanation) ►	20	1,181
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	296,945

### Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 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	443,614	22 480,623
23 Land and buildings		23
24 Other assets (describe ►)	323,543	24 268,731
25 Total assets	767,157	25 749,354
26 Total liabilities (describe ►)	492,173	26 452,409
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	274,984	27 296,945



Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a		
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<b>Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►			
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b	
c	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
e	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No	
41	List the states with which a copy of this return is filed ►			
42a	The organization's books are in care of ► Carolyn Burton Telephone no ► (601) 736-6385			
	412 Courthouse Square Located at ► Columbia, MS		ZIP + 4	39429
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)?		42b	No
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.		45	No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	Complete this table for the organization's 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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				

**50(f)** Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

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

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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		
	***** Signature of officer Gerald Frazier Executive Direc Type or print name and title	2011-01-31 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature J Thomas Sanderson III CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SANDERSON CPA PLLC 704 MAIN STREET COLUMBIA, MS 394292725			EIN <input checked="" type="checkbox"/> Phone no <input checked="" type="checkbox"/> (601) 736-0112

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 45-0502805  
**Name:** Marion County Development  
 Partnership Inc

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<b>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, and other relevant information for each program title.</b>	<b>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>
<p><b>28</b> 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 (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	<b>28a</b>
<p><b>29</b> 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 (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	<b>29a</b>
<p><b>30</b> 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 IT'S MEMBERS AND PROSPECTS, AND (8) MANAGING MULTIPLE "ACTION TEAMS" COMPRISED OF MCDP MEMBERS TO ACCOMPLISH VARIOUS FACETS OF MCDP'S MISSION (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	<b>30a</b>
<p>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 COLUMBIA, AND THE MARION COUNTY BOARD OF SUPERVISORS IT IS THE EXPECTATION OF THE ORGANIZATION THAT THESE EFFORTS WILL DEMONSTRATE COMMUNITY PRIDE AND AID IN ATTRACTING NEW INDUSTRY TO THE COUNTY (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Tim Magee 412 Courthouse Square Columbia, MS 39429	Director 0	0		
Janette Nolan 412 Courthouse Square Columbia, MS 39429	Treasurer 0	0		
Rene' Dungan 412 Courthouse Square Columbia, MS 39429	Chairman 0	0		
Robin Sanderson 412 Courthouse Square Columbia, MS 39429	Vice Chairman 0	0		
Todd Watts 412 Courthouse Square Columbia, MS 39429	Director 0	0		
Mrs Donald Hales 412 Courthouse Square Columbia, MS 39429	Director 0	0		
Jay Carney 412 Courthouse Square Columbia, MS 39429	Director 0	0		
Carolyn Burton 412 Courthouse Square Columbia, MS 39429	Vice President 0	34,660		
Gerald Frazier 412 Courthouse Square Columbia, MS 39429	Executive Direc 0	0		

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** Marion County Development  
Partnership Inc

**EIN:** 45-0502805

**Software ID:** 09000047

**Software Version:** 2009v1.7

<b>Item No.</b>	1
<b>Class of Activity</b>	Scholarship - MS State U
<b>Donee's Name</b>	Lauren Williamson
<b>Donee's Address</b>	PO Box 1456 Columbia, MS 39429
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	None
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Assets Schedule

**Name:** Marion County Development

Partnership Inc

**EIN:** 45-0502805

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Notes and Loans Receivable	15,000	5,000
Local Government Resolutions - City Park	303,500	256,500
Furniture and Fixtures	1,478	2,083
Accounts Receivable	3,565	5,148

## TY 2009 Other Changes in Net Assets Schedule

**Name:** Marion County Development

Partnership Inc

**EIN:** 45-0502805

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Amount
Change in Local Government Resolutions	1,181

## TY 2009 Other Expenses Schedule

**Name:** Marion County Development  
Partnership Inc

**EIN:** 45-0502805

**Software ID:** 09000047

**Software Version:** 2009v1.7

<b>Description</b>	<b>Amount</b>
Telephone	5,839
Supplies	7,721
Small Business Workshop	88
Security	334
Repairs & Maintenance	7,517
Repairs & Maintenance	1,329
Quarterly Newsletter	254
Office Expenses	2,023
Miscellaneous	859
Marketing	13,375
Main Street Project	56,581
Keep Marion Co Beautiful	1,074
Education	3,458
Dues & Subscriptions	1,778
Catchy Friday	1,460
Bank Charges	68
Administrative/Misc	9,033
Action Team Expenses	1,891

## TY 2009 Other Liabilities Schedule

**Name:** Marion County Development  
Partnership Inc

**EIN:** 45-0502805

**Software ID:** 09000047

**Software Version:** 2009v1.7

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Secured Mortgages and Notes Payable	490,316	450,085
Accounts Payable and Accrued Expenses	1,857	2,324

## TY 2009 Other Revenues Schedule

**Name:** Marion County Development  
Partnership Inc

**EIN:** 45-0502805

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Amount
Miscellaneous	386