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A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Marion County Development Partnership Inc		<b>D</b> Employer identification number 45-0502805
		Number and street (or P O box, if mail is not delivered to street address) PO Box 272		<b>E</b> Telephone number (601) 736-6385
		City or town, state or country, and ZIP + 4 Columbia, MS 39429		<b>F</b> Group Exemption Number

<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
<b>I Website:</b> ▶ www.mcdp.info		<b>H</b> Check <input type="checkbox"/> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(6) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 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 )									
Revenue	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		5c	
	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 						6c	-862
	a	Gross revenue (not including \$ _of contributions reported on line 1) . . . . .				6a	3,772		
	b	Less direct expenses other than fundraising expenses . . . . .				6b	4,634		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .						6c		
	7a	Gross sales of inventory, less returns and allowances . . . . .				7a		7c	
b	Less cost of goods sold . . . . .				7b	0			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .						7c			
8	Other revenue (describe  )						8	386	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 						9	227,346	
Expenses	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
Net Assets	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

<b>Part II Balance Sheets</b> —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 )			
<b>22</b>	Cash, savings, and investments . . . . .	(A) Beginning of year	(B) End of year
		443,614	<b>22</b> 480,623
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe   )	323,543	<b>24</b> 268,731
<b>25</b>	<b>Total assets</b> . . . . .	767,157	<b>25</b> 749,354
<b>26</b>	<b>Total liabilities</b> (describe   )	492,173	<b>26</b> 452,409
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	274,984	<b>27</b> 296,945

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the 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 acheive 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			
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>28</b> See Additional Data Table			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(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 & deferred compensation	(e) Expense account and other allowances

Part VOther 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	Section 501(c)(7) organizations. 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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. 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	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	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 . . . . .	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)? 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>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> 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.

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

50 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 "

(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 & deferred compensation	(e) 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 "

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

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

Please Sign Here	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		2011-01-31 Date	
Paid Preparer's Use Only	Gerald Frazier Executive Direc Type or print name and title			
	Preparer's signature	J Thomas Sanderson III CPA	Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	SANDERSON CPA PLLC 704 MAIN STREET COLUMBIA, MS 394292725			EIN Phone no (601) 736-0112
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> THE PLANNING/PARTNERSHIP DIVISION OF MCDP (1) COLLABORATES WITH INVESTMENT PARTNERS TO ACHEIVE 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 \$ ) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<b>28a</b>	
<b>29</b> THE ECONOMIC DEVELOPMENT DIVISION OF MCDP STRIVES TO (1) INDENTIFY 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 \$ ) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<b>29a</b>	
<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 BROCURES, 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 \$ ) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<b>30a</b>	
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 SUPERVISERS IT IS THE EXPECTATION OF THE ORGANIZATION THAT THESE EFFORTS WILL DEMONSTRATE COMMUNITY PRIDE AND AID IN ATTRACTING NEW INDUSTRY TO THE COUNTY (Grants \$ ) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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

(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 & deferred compensation	(E) Expense account and other allowances
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

Description	Amount
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

Description	Beginning of Year Amount	End of Year Amount
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