

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





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



**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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For th	ne 2009 calen	dar year,	or tax year beginni	ng	, 200	9, and endir	ng		,				
В	Check r	f applicable		С					D Employ	er Identifi	cation Number			
	$\prod_{Ad}$	ldress change	Please use IRS label	CLARKE COUNT	TY DEVELOPMEN	T CORPOR	ATION		23-1	70472	87			
	$\vdash$	ime change	or print or type.	P O BOX 426				-	E Telepho					
	$\vdash$	•	See	OSCEOLA, IA	50213				•	-342-				
	$\vdash$	tal return	specific instruc-					-	041	342-	2944			
	$\vdash$	rmination	tions.						_					
	∐ <sup>A</sup> ⊓	nended return		L					G Gross re		897,179.			
	Ap	plication pending	1	and address of principal of	ficer			H(a) is this a			tes? Yes X No			
				As C Above				H(b) Are all a	iffiliates incli ttach a list		Yes No			
1	Tax	-exempt statu	us   X   501	(c) (6 ) <b>◄</b> (ır	nsert no.) 49	947(a)(1) or	527		LEGI E IIS	(300 1113111	actionsy			
J	Web	osite: ► WW	w.clar	kecountyiowa	.com			H(c) Group ex	xemption nu	mber ►				
ĸ	Form	of organization	X Corpora	ation Trust A	ssociation Other	L	Year of Format	ton 1969	Ms	tate of lec	al domicile IA			
Pa	rt I	Summa			<del> </del>									
		Briefly descri	be the org	anızatıon's mission	or most significant	activities C	CINUMMO	Y ECONO	MIC D	ÉVELO	PMENT			
ø														
ŝ														
Governance														
8	2	Check this bo	% of its a	ssets.										
Ğ					ng body (Part VI, lin				1	3	17			
90					f the governing bod		e 1b)		İ	4	17			
ij				yees (Part V, line 2			·		Ī	5	3			
Activities &	6	Total number	of volunt	eers (estimate if ne	cessary) .				Ī	6	20			
ĕ	7a	Total gross u	nrelated b	ousiness revenue fro	om Part VIII, column	n (C), line 12				7a	41,302.			
	b	Net unrelated	d business	taxable income fro	m Form 990-T, line	34			Ī	7b	10,508.			
						-		Pr	ior Year		Current Year			
	8	Contributions	and gran	ts (Part VIII, line 1h	1)				169,8	23	26,250.			
Revenue			_	ue (Part VIII, line 2		•			830,6		791,897.			
Ş	_	-		art VIII, column (A),			34,5		-52,102.					
æ					5, 6d, 8c, 9c, 10c,	and 11e)			22,6		41,302.			
					nust equal Part VIII,	-	ine 12\	1	057,7		807,347.			
					column (A), lines 1		110 12)	<del></del> /	874,6		339,387.			
							0/4,0	<del>}</del>	339,301.					
	<ul> <li>Benefits paid to or for members (Part IX, column (A), line 4)</li> <li>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)</li> </ul>								1/1 50		101 [10			
69			-	· -	s 5-10)		141,5	08.	131,513.					
Expenses	16a	Professional	fundraisin	g fees (Part IX, coli	umn (A), line 11e)									
×	b	Total fundrais	sing exper	nses (Part IX, colum	nn (D), line 25)►					.   -	' مر			
ш	17	Other expens	ses (Part I	X, column (A), lines	s 11a-11d, 11f-24f)				115,7	17.	152,235.			
					ual Part IX, column	(A) line 25)		1	131,9		623,135.			
				s. Subtract line 18 f		(. 9) 209			-74,1		184,212.			
* S		7101011401030	o o por loc.	o. Cabil det iine 10 i	10111 MIC 12			+						
Not Assets or Fund Balances	20	Tatal accuse	/D- + V	10)					ning of Y		End of Year			
30		Total assets			DECEN	VEN	1		195,4		3,114,893.			
100		Total liabilitie	•	·	RECEI	V ⊏ L			509,8		1,245,160.			
	_22			ances Subtract line	21 from line 20	ာ လ		1,	685,5	21.	1,869,733.			
Pa	rt.ll		ure Bloc		ISI-JUL-® 6	2010 0								
		Under penalte	s of perjury,	declare that I have exam	ined this return, including other than officer) is based	accompanying 60	redules and stat	tements, and to	the best of	my know	ledge and belief, it is			
		Liuc, correct, a	ina complete	Deciaration of preparer (		_	or which prepa	rer nas any kr	owieage					
Sig					OGDEN	I, UT	į.							
He	re	Signature	of officer					Date	,					
		►												
		Type or pr	rint name and	i title										
				<del></del>			Date	Che	ck if	Prep	arer's identifying number			
Pa	id	<u> </u>						self		(see	instructions)			
Pre		Preparer's signature	▶				6-7-10	n leut	oloyed		۸			
	rer's	<del></del>		11 £ Co P C			w (-/			N/	<u>n</u>			
Us	е	Firm's name (	or <u>Shu:</u> ▶ 111:							/3				
On	ly	employed), address, and		EIN	EIN ► N/A									
		ZIP + 4	ZIP+4 Indianola, IA 50125								Phone no ► (515) 961-2571			
					nown above? (see in						X Yes No			
BA	A For	Privacy Act	and Paper	work Reduction Ac	t Notice, see the se	narate instru	ctions		TEE A0113	12/20/00	Form <b>990</b> (2009)			

Form Par		-7047287	Page 2
	Briefly describe the organization's mission:		
•	CQMMUNITY ECONOMIC DEVELOPMENT		
			<b></b>
•			
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
_	Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
•	If 'Yes,' describe these changes on Schedule O.		
4		nses Section 501	(c)(3)
	Describe the exempt purpose achievements for each of the organization's three largest program services by experiend 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation expenses, and revenue, if any, for each program service reported	ons to others, the	total
1.	(Code (Expenses \$ 447,596. including grants of \$ 339,387.) (Revenue	ıe \$	`
44	ADMINISTERED CHARITABLE GRANTS PROGRAM AS LICENSE HOLDER FOR A GAMIN		
	ADMINISTERED CHARTIADED GRANTS TROOTERS AS DICERDE HOLDER TOK A GANTR	<u> </u>	
		- <b></b> -	
		<del></del>	
4b	(Code: (Expenses \$ 116,736. Including grants of \$ ) (Revenue)		)
	RESPONDED TO AND INITIATED LEADS TO RECRUIT NEW BUSINESSES AND INDUS		
	COUNTY AND TO STRENGTHEN AND MAINTAIN EXISTING BUSINESSES; DEVELOPED	COMMERCIAL	<u>-</u>
	BUILDING SITES		
		. <b></b>	
		- <b></b>	
40	: (Code) (Expenses \$ including grants of \$) (Revenue	ne S	١
70	/ (Code	·	
		<del></del>	
		- <b></b>	
			<b></b> -
	Other program services (Describe in Schedule O.)		
-u	(Expenses \$ including grants of \$ ) (Revenue \$		1
40	Total program service expenses ► 564,332.		1
→ ਦ	Total program service expenses > JU1, JJ2.		

Pai	t IV Checklist of Required Schedules			
			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		Х
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		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		х
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	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11	X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 103f '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 statement for the tax year If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	}	Х
•	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16_		X_
17	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	10	}	v
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X

Pai	t 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 in the United States on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	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 employees? If 'Yes,' complete Schedule $J$	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizationsDid the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	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 990-EZ7f 'Yes,' complete Schedule L, Part I	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual?// 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	، عا		,
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part l	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13) $7f$ 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2a	Enter the number of employees reported 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  2a 3		-	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return. (see instructions)	المدارات م	1 ~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	Х	
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь	Х	<u> </u>
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)?	4a		х
b	If 'Yes,' enter the name of the foreign country: ▶	.		•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		٠.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ. <u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		,	
а	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?	7a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	- 1		Ţ
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	L	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization or a donor advised fund maintained by a sponsoring organization, have excess business			
۵	holdings at any time during the year?	8		<del>                                     </del>
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		<b>}</b> -
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<del> </del>
	Section 501(c)(7) organizations.Enter:	30		-
	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  10b	1	,	
	Section 501(c)(12) organizations. Enter		İ	
	Gross income from other 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) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

See	tion A.	Governing Body and Management	·····					
	•					Yes	No	
1	a Enter the	number of voting members of the governing body		1a 17				
	<b>b</b> Enter the	number of voting members that are independent		1b 17				
2	Did any officer, d	ifficer, director, trustee, or key employee have a family rela rector, trustee or key employee?	ationship or a business re	lationship with any other	2		- X	
3	Did the o	rganization delegate control over management duties custos, directors or trustees, or key employees to a managemer	omarily performed by or u	nder the direct supervision	3		x	
4	Did the o	rganization make any significant changes to its organization	· -		4		X	
		prior Form 990 was filed?				ł		
5 6		rganization become aware during the year of a material div organization have members or stockholders?	version of the organization	n's assets?	5 6		$\frac{X}{X}$	
7	Does the	organization have members, stockholders, or other person	ns who may elect one or n	nore members of the	7a		Х	
governing body? <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
		rning body?			8a	X		
	-	nmittee with authority to act on behalf of the governing boo	ly?		8b	Х		
		ny officer, director or trustee, or key employee listed in Paion's mailing address? If 'Yes,' provide the names and add	•	nnot be reached at the	9		х	
		Policies (This Section B requests information			<u> </u>			
	enue Code	·	· accat ponerso riot ·	equilibrium internal				
						Yes	No	
10	Does the	organization have local chapters, branches, or affiliates?			10a		X	
ł	If 'Yes,' o and bran	oes the organization have written policies and procedures thes to ensure their operations are consistent with those o	governing the activities of the organization?	f such chapters, affiliates,	10b			
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
11/	<b>A</b> Describe	in Schedule O the process, if any, used by the organization	n to review this Form 990	. See Schedule O			``{	
12	Does the	organization have a written conflict of interest policy? If 'No	o,' go to line 13		12a	Х		
ı	Are office to conflic	rs, directors or trustees, and key employees required to di is?	sclose annually interests	that could give rise	12b	х		
•	Does the	organization regularly and consistently monitor and enforce O how this is done See Schedule 0	e compliance with the pol	ıcy?lf 'Yes,' describe in	12c	x		
13		organization have a written whistleblower policy?			13	Х		
		organization have a written document retention and destru	action policy?		14	Х		
15	Did the p	rocess for determining compensation of the following persocomparability data, and contemporaneous substantiation o	ons include a review and a	approval by independent				
		nization's CEO, Executive Director, or top management offi			15a	×	٠-	
		cers of key employees of the organization			15b		X	
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See	e instructions.)					
16	Did the o	rganization invest in, contribute assets to, or participate in ing the year?	a joint venture or similar	arrangement with a taxable	16a		X	
1	If 'Yes,' h	as the organization adopted a written policy or procedure in enture arrangements under applicable federal tax law, and the respect to such arrangements?	requiring the organization taken steps to safeguard	to evaluate its participation the organization's exempt	16b			
Sec		Disclosures						
		tates with which a copy of this Form 990 is required to be	filed None			_		
	Section 6	104 requires an organization to make its Forms 1023 (or 1 n Indicate how you make these available. Check all that a	024 if applicable), 990, ar	nd 990-T (501(c)(3)s only) av	ailabl	e for p	oublic	
			n request					
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policistatements available to the public. See Schedule O							ncıal	
		name, physical address, and telephone number of the per CRICKEY 115 E WASHINGTON OSCEOLA IA			anızatı — — —	on:		

## 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

- 1'a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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.

(A) Name and Title	(B) Average	Posi	ition (	-	c) kallt	hat app	lv)	(D)	(E)	(F)	
Name and Tive	hours per week	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations	
JAMES SCHIPPER											
Director	11	X						0.	0.		
HELEN KIMES											
President	2	X		X				0.	0.	(	
DARRELL FLAHERTY											
Director	1	Х						0.	0.	C	
BILL FREEMAN											
Treasurer	2	X		X	<u> </u>			0.	0.	(	
FRED WOOD											
Director	1	Х						0.	0.	(	
BRIAN EVANS											
Director	1	Х				ł		0.	0.	(	
LYLE PERSELS											
Director	1	Х				İ		0.	0.	(	
RYAN LUNDQUIST											
Director	1	Х						0.	0.	(	
BRIAN CRAWFORD											
Director	1	Х			ļ			0.	0.	(	
SUE WILDER											
Director	1	Х						0.	0.	(	
RICHARD BEUSCH											
Director	1	X						0.	0.	(	
JAMES KIMBALL											
Director	<b>-</b>	X						0.	0.	(	
FRED DIEHL											
Director	1	X			1			0.	0.	(	
WIL REISINGER											
Vice President	1	X		Х				0.	0.	(	
DOUG MILLER					Π						
Director	1	Х					1	0.	0.		
AMY LAMPE						[					
Secretary	1	X	1	x				0.	0.	(	
JOHN FRIZZELL		T					Π				
Director	1 1	X						0.	0.	(	

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Form 990 (2009)

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7. 7	_	w	, •	•	_	()	•	

Page 8

Part VII   Section A. Officers, Directors, Trus	tees, k	(еу	En	ıplo	oye	es,	and	d Highest Con	npensated Emp	loyees (cont)
· (A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week	rs —		Officer	k all t		ply) Former	Reportable compensation the organization	Reportable compensation from related organizations	Estimated amount of other compensation
		vidua	Institutional trustee	હ	employee	hest o	Ter	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
		5 5	nal tr		joye	e comp				organizations
		8	ustee	ļ	"	ensa				j
			"			e e				
WILLIAM TRICKEY			-	-	<del>                                     </del>					
Exec Director	40				Х			68,000.	0.	0.
								•		
	<b>_</b>	<u> </u>		_	-					<u> </u>
	<del> </del>	_	_	$\vdash$	-					-
				]	1		- 1			
	L	_		<u> </u>	ļ					! 
		_		<del>                                     </del>	-	$\vdash \dashv$				
	]				<u> </u>					
				L						
	ļ	-	_		<u> </u>				<u> </u>	<u> </u>
							- {			
	<b>-</b>		-	_	-	$\vdash$	$\dashv$	<del></del>		<del></del>
	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>					
					l					
1 b Total	<u> </u>	L	<u> </u>	L	<u> </u>	LI	▶	68,000.	0.	0.
Total number of individuals (including but not limite	d to the	se li	sted	d ab	ove)	who	o red		<u> </u>	
from the organization > 0					0.0,	*****		oorvou moro mari	4100,000 H110port	abio componedion
										Yes No
3 Did the organization list any former officer, director	or trust	ee, k	кеу	emp	loye	e, o	r hig	ghest compensate	ed employee	
on line 1a? If 'Yes,' complete Schedule J for such i							- 41			3 X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to the organization.	eportable than \$15	e coi 50,00	mpe )0?/	insa f 'Ye	tion es c	ana omp	otn <i>iete</i>	er compensation Schedule J for s	trom <i>uch</i>	
ındıvıðual										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete So	compens	satio	n fr	om a	any	unre	late	d organization fo	r services	5 X
Section B. Independent Contractors	100070	101	000		.,	<u>'</u>				1 2 1 12
1 Complete this table for your five highest compensa	ted inde	pen	den	cor	ntra	ctors	tha	t received more t	han \$100,000 of	
compensation from the organization.										
(A) Name and business addre	ss							(B Description	) of Services	<b>(C)</b> Compensation
1 101110 51.12 53.21 500 5001				_					2525	- 3:1:1p - 1:10011011
										<del> </del>
2 Total number of independent contractors (including	but not	Jimi	ted	to t	hose	e list	ed s	above) who recen	red more than	
\$100,000 in compensation from the organization	0 _					,•ι			The state of the s	
								<del></del>	<del></del>	

Pai	t VI	II Statement of Re	evenue				<del></del>	<del></del>	
!		*				(A) Total revenue	( <b>B)</b> Related or	<b>(C)</b> Unrelated	( <b>D)</b> Revenue
•		مهد في عد					exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
9.0	1a	Federated campaigns		1 a		STATE OF STREET	100		, , , , , , , , , , , , , , , , , , , ,
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Membership dues	-	1 b					
20	С	Fundraising events		1 c		F 4 2 - 1			
R A		Related organizations		1 d					
S. E.		Government grants (contribution	ons)	1 e	8,000.			A CONTRACT	
Sign		•	· -	$\neg$					第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
돌뵘	τ	All other contributions, gifts, g similar amounts not included a	above	1 f	18,250.				
E O		Noncash contribns included in		\$		The state of the s			A Comment
§₹	-	Total. Add lines 1a-1f		_	<b>•</b>		4		
					Business Code	<b>公司</b>	機能等時間		The state of the s
PROGRAM SERVICE REVENUE	2a	GAMING LICENSE FEE	S	_[		762,464.	762,464.		
Æ		Membership Dues &		its		24,333.	24,333.		
] JE		MISCELLANEOUS				5,100.	5,100.		
£	d	~							
¥ 8	e	~		-					
ğ	f	All other program service	ce revenue	-				<u> </u>	
8		Total. Add lines 2a-2f			<b>•</b>	791,897.	第49月1日整治	表,程气,	1 1 1
	3	Investment income (inc	ludina divid	ends.	, interest and				
		other similar amounts)			. •	7,898.			7,898.
	4	Income from investmen	t of tax-exe	mpt l	bond proceeds 🟲				
	5	Royalties							
			(i) Real		(ii) Personal	and the second second	<b>基本、产业</b>		
[	6a	Gross Rents	71,1						1
ļ	b	Less rental expenses	29,8		<u> </u>				. ]
ĺ	С	Rental income or (loss).	41,3	302.	<u> </u>			0.00	
1	d	Net rental income or (lo	oss)		<b>&gt;</b>	41,302.		41,302.	<u> </u>
	7a	Gross amount from sales of	(ı) Secunt	ies	(ii) Other				
		assets other than inventory							<b>基基</b> 初心
ĺ	b	Less: cost or other basis							<b>第一张企业</b>
		and sales expenses	60,0			Secretary Francisco	and the second		the second of the second
- 1	С	Gain or (loss)	-60,0	000.	<u> </u>	A the Control of	the day	A second	
	d	Net gain or (loss)				-60,000.			-60,000.
أ	8a Gross income from fundraising events							1	
2		(not including \$							1 ;
		of contributions reporte	d on line 1	c).				<b>建筑是</b>	-
OTHER REVEN		See Part IV, line 18		а			1.0		, , , , , , , , , , , , , , , , , , ,
Ĕ		Less direct expenses		b	·		D WEED	THE PARTY.	ii
	С	Net income or (loss) fro	om fundrais	ıng e	vents <u> </u>				
	9a	Gross income from gam See Part IV, line 19	ning activitie	es.					1-13/200
				а	\				*
		Less: direct expenses		b	) <u> </u> _			14 年 日 平 4 2	· · · · · · · · · · · · · · · · · · ·
	С	Net income or (loss) from	om gaming	actıvı	ties		Section 1	ļ <u></u>	<del> </del>
	10a	Gross sales of inventor	y, less retu	rns	1	<b>***</b>	<b>第</b> 个,为个国家主		
		and allowances		а	·			1 1	•
	b Less cost of goods sold b				·[	Marie San A Continue		<u>'</u>	
	С	Net income or (loss) fro		inver				ļ	ļ <u>.</u>
		Miscellaneous Reven	nue 		Business Code	<del> </del>	-	<del> </del>	<del> </del>
	11a							-	
i	b		~ <b></b> -			<del> </del>		<del> </del>	<del>                                     </del>
	С						<del> </del>		<del> </del>
	d All other revenue				<del></del>	<del> </del>	ļ.,	ļ	<del> </del>
		Total. Add lines 11a-11			•		, .		
	12 Total revenue. See instructions					807,347.	791,897.	41,302.	-52,102.

Page 10

Part IX | Statement of Functional Expenses

<u>r ai</u>	Section 501(c)	(3) and 501(c)(4) organiz	•		(D)
	All other organizations must cor	<del>†</del>	(B)		(D)
Do v	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	339,387.	339,387.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	3373011	333,332.	Ĩ.	
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			<b>建</b> 加强的	,
5	Compensation of current officers, directors, trustees, and key employees	68,000.	47,600.	20,400.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	34,712.	34,712.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	18,752.	15,251.	3,501.	<del></del>
10	Payroll taxes	10,049.	8,173.	1,876.	
11	Fees for services (non-employees)				
a	Management				
b	Legal	52,132.	52,132.		
c	: Accounting .	8,950.		8,950.	<u>.</u>
c	<b>l</b> Lobbying				
e	Prof fundraising svcs. See Part IV, In 17		<b>第</b> 行规范:	25.43	
f	Investment management fees				
ç	Other	29.	29.		
12	Advertising and promotion				<del></del>
13	Office expenses .	3,973.		3,973.	
14	Information technology				
15	Royalties .				<del></del>
16	Occupancy		0.505		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	3,774.	2,727.	1,047.	
19	Conferences, conventions, and meetings	10,258.	7,693.	2,565.	
20	Interest	70.	70.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,705.	10,279.	3,426.	· · · · · · · · · · · · · · · · · · ·
23	Insurance	4,728.	3,195.	1,533.	<u>-</u>
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	7		100	•
	below.)		5.12	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u></u>
	Printing and Publications	8,268.	5,684.	2,584.	
	PROPERTY TAXES	6,815.	5,523.	1,292.	··
	MARKETING	6,377.	6,377.	1 470	<del></del>
	UTILITIES	5,885.	4,413.	1,472.	
	TELEPHONE	5,728. 21,543.	4,295.	1,433. 4,751.	
	All other expenses	623,135.	16,792. 564,332.	58,803.	0.
	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ► X if following	023,133.	504,332.	30,003.	<u> </u>
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
RΔΔ					Form 990 (2009)

Page 11 **Balance Sheet** Part X **(B)** End of year (A) Beginning of year 9,245. 37,076 1 Cash - non-interest-bearing 439,523. 2 466,096. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 A Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L. 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment; cost or other basis. 10a 2,755,470. Complete Part VI of Schedule D 10b 115,918. 2,658,803. 10c 2,639,552. **b** Less accumulated depreciation. Investments - publicly-traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 60,000 15 Other assets, See Part IV, line 11 15 3,114,893. 3,195,402. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,831. 17 1,625. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 1,502,050 1,243,535. Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, Complete Part X of Schedule D 1,509,881 1,245,160 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines المجاورة والمجاورة 27 through 29 and lines 33 and 34. 1,685,521 27 1,869,733. 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here> and complete ra vie 14 lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund. 32 32 Retained earnings, endowment, accumulated income, or other funds. 1,685,521 33 33 Total net assets or fund balances. 1,869,733.

> 3,114,893. Form 990 (2009)

3,195,402.

34

34

Total liabilities and net assets/fund balances.

m 990 (2009) CLARKE COUNTY DEVELOPMENT CORPORATION 23-7047287								
Part XI Financial Statements and Reporting								
		Yes	No					
1 Accounting method used to prepare the Form 990 X Cash Accrual Other								
If the organization changed its method 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		Х					
<b>b</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 overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit, 2c	Х						
If the organization changed either its oversight process or selection process during the tax year, expl. in Schedule O.	aın		1					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v consolidated basis, separate basis, or both:	vere issued on a							
X 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 for Audit Act and OMB Circular A-133?	th in the Single 3a		Х					
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit							

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Form **990** (2009)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

2009

Open to Public Inspection

Name of the organization

Employer Identification number

CLA	ARKE COUNTY DEVELOPMENT CORPOR	ATION	23-7047287
Par	tl Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Similar Funds or Acco	ounts Complete If
			Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
_			
5	funds are the organization's property, subject	_	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene-	rs, and donor advisors in writing that grant funds may be the benefit of the donor or donor advisor or for any other sfit?	Yes No
Dat	<u> </u>	ete if the organization answered 'Yes' to Form 9	90 Part IV line 7
1	Purpose(s) of conservation easements held by	<del></del>	30, 1 at 14, me 1.
,	Preservation of land for public use (e.g., r		cally important land area
	Protection of natural habitat	Preservation of certified h	•
	Preservation of open space	Treservation of certified it	istorio structure
2	· · ·	on held a qualified conservation contribution in the form of	a conservation easement on the
	Table Carlo	.0	Held at the End of the Year
а	Total number of conservation easements	2a	<del></del>
	Total acreage restricted by conservation ease		
	Number of conservation easements on a certi	<del>  </del>	· · · · · · · · · · · · · · · · · · ·
	Number of conservation easements included i		
		transferred, released, extinguished, or terminated by the oil	rganization during the tax
-	year ►	transferred, rejeased, extinguished, or terminated by the en	gariization daring the tax
4	Number of states where property subject to co	onservation easement is located►	
5	Does the organization have a written policy re and enforcement of the conservation easemet	garding the periodic monitoring, inspection, handling of viont it holds?	lations, Yes No
6	during the year ►	ng, inspecting, and enforcing conservation easements	<del></del>
7	Amount of expenses incurred in monitoring, if during the year ▶	nspecting, and enforcing conservation easements \$ _	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of section	Yes No
9	In Part XIV, describe how the organization rej include, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue and expense s to the organization's financial statements that describes the	statement, and balance sheet, and organization's accounting for
Pai	Till-Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or Other Sir wered 'Yes' to Form 990, Part IV, line 8.	nilar Assets
1 &	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	r SFAS 116, not to report in its revenue statement and bala lic exhibition, education, or research in furtherance of publi ents that describes these items	ance sheet works of art, historical c service, provide, in Part XIV,
ŀ	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items</li> </ul>	r SFAS 116, to report in its revenue statement and balance lic exhibition, education, or research in furtherance of publi	ic service, provide the following
	(i) Revenues included in Form 990, Part VIII	line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>⊳</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets for financial 116 relating to these items:	gain, provide the following
ě	Revenues included in Form 990, Part VIII, line	e 1	<b>⊳</b> \$
	Assets included in Form 990, Part X		►\$
	•		<del></del>

		DEVELOPMENT CO		23-704			Page 2
Part III Organizations Mainta	ining Collec	tions of Art, Histo	rical Treasures, or	Other Similar Ass	ets (	contin	nued)
3 Using the organization's acquisiti items (check all that apply):	on accession a	and other records, chec	ck any of the following t	that are a significant us	e of its	collecti	.on
a Public exhibition		<b>d</b> Loan o	or exchange programs				
<b>b</b> Scholarly research		e Other	<del></del>				
c Preservation for future gener							
4 Provide a description of the orga Part XIV.					se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or r	receive donations of art	, historical treasures, o	or other similar lection?	Yes	Г	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangem	ents Complete if o	rganization answei			rt IV,	
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian	n, or other intermediary	for contributions or oth	ner assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd complete the following	ng table <sup>.</sup>	F			
					Amount		
<b>c</b> Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1e			
f Ending balance				1f		<del></del>	
2a Did the organization include an a		m 990, Part X, line 21?			Yes	L	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Co							
	(a) Current y	ear (b) Prior year		(d) Three years back	(e) F	our year	s back
1 a Beginning of year balance	<del></del>						<del>5</del> ₽ - 1
<b>b</b> Contributions					A MARK	30 (1944) Estate 1944	3
c Net Investment earnings, gains, and losses					) i	F 4	
d Grants or scholarships			TO A CONTRACTOR	of it was the many		- 	
<ul> <li>Other expenditures for facilities and programs</li> </ul>			The state of the s				,
f Administrative expenses			2000年	17.7	, y,	<u></u>	
<b>g</b> End of year balance.			<b>建新型。心理外</b>	<b>西斯拉尔斯</b>	· · · · · · · · · · · · · · · · · · ·		<u>: '</u>
<ol><li>Provide the estimated percentag</li></ol>	e of the year e	end balance held as:					
a Board designated or quasi-endov	vment 🟲	<u> </u>					
<b>b</b> Permanent endowment ▶							
c Term endowment ►	<u></u> 8						
3a Are there endowment funds not a organization by:	n the possess	ion of the organization	that are held and admi	nistered for the		Yes	No
(i) unrelated organizations			,		3a(i)		
(ii) related organizations		•	•		3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations l	isted as required on Sc	hedule R?		3b		
4 Describe in Part XIV the intender	d uses of the c	organization's endowme	ent funds.				
Part VI Investments—Land, B	uildings, ar	nd Equipment. Se	e Form 990, Part X	(, line 10.			
Description of investmen	t	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue
1a Land .	I	1,575,341.	261,800.		1		, 141.
<b>b</b> Buildings			757,983.	59,152.			,831.
c Leasehold improvements	L		77,876.	4,661.			,215.
<b>d</b> Equipment			22,686.	8,102.		14	,584.
e Other			59,784.	44,003.			,781.
Total. Add lines 1a through 1e (Column	n (d) must equ	al Form 990, Part X, co	olumn (B), line 10(c) )	<b>•</b>	2	, 639	,552.
RAA				Sche	dule <b>D</b> Œ	orm 9	90) 2009

Schedule D (Form 990) 2009 CLARKE COUNTY DEVE			-7047287 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	e 12. N/A	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of Cost or end-of-yea	valuation r market value
Financial derivatives			
Closely-held equity interests			
Other			
		<del></del>	<del> </del>
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	<u> </u>	*	
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of	valuation
		Cost or end-of-year	r market value
		<del></del>	
		<del></del>	
<u></u>			
	_		
			<del> </del>
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)	1.7		
Part IX Other Assets (See Form 990, Part X,			415
(a) De	scription		<b>(b)</b> Book value
	·		
	<del></del>		<del></del>
		·	
Total. (Column (b) must equal Form 990, Part X, col (B), III		<u></u>	<b>•</b>
Part X Other Liabilities (See Form 990, Part		72-	<del></del>
(a) Description of Liability	(b) Amount	· · · · · · · · · · · · · · · · · · ·	-
Federal Income Taxes		- William Santa Santa	, ,
		- Constitution of the cons	
			•
<del></del>			14
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			THE TRANSPORT OF THE STATE OF
	<del></del>		A STATE OF THE STA
		一 一	NAME OF THE PERSON NAMED IN COLUMN NAMED IN CO
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	<del></del>		, I
2. FIN 40 F			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

23-7047287

Schedule D (Form 990) 2009 CLARKE COUNTY DEVELOPMENT CORPORAT:	ION 2	23-7047287	Page <b>4</b>
Part XI Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)			807,347.
2 Total expenses (Form 990, Part IX, column (A), line 25)			623,135.
3 Excess or (deficit) for the year Subtract line 2 from line 1			184,212.
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses .		-	
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
·		<del></del>	
9 Total adjustments (net) Add lines 4 through 8	) and ()		104 212
10 Excess or (deficit) for the year per audited financial statements Combine lines 3		D - 4	184,212.
Part XII   Reconciliation of Revenue per Audited Financial Statement	ts with Revenue per i	Return	010 006
1 Total revenue, gains, and other support per audited financial statements		1	819,806.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	t i	,,,	
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c	16 4 v	
d Other (Describe in Part XIV) See Part XIV	2d 83,593		
e Add lines 2a through 2d		2e	83,593.
3 Subtract line 2e from line 1		3	736,213.
4 Amounts included on Form 990, Part VIII, line 12, but not on line1:		37800	,
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV) See Part XIV	4b 71,134		
·	40 /1,134	<del></del> 1	71 124
c Add lines <b>4a</b> and <b>4b</b>		4c	71,134.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	With E	5	807,347.
Part XIII   Reconciliation of Expenses per Audited Financial Statements	With Expenses per Re	turn	
1 Total expenses and losses per audited financial statements	•	1	885,649.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	7	
a Donated services and use of facilities .	2a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<b>b</b> Prior year adjustments	2b		
c Other losses .	2c		
d Other (Describe in Part XIV) See Part XIV	2d 281,145	· drain or	
e Add lines 2a through 2d		2e	281,145.
3 Subtract line 2e from line 1		3	604,504.
4 Amounts included on Form 990, Part IX, line 25, but not on line1:		23	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	= "	
b Other (Describe in Part XIV) See Part XIV	4b 18,631	┦ .	
c Add lines 4a and 4b	10,031	4c	18,631.
•		5	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		<u> </u>	623,135.
Part XIV Supplemental Information			
line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d a information			
BAA TEEA3304L 02/02/10		Schodulo D /5	

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

OMB No 154	200	Open to Inspec	Employer identification number	7287		X
Grants and Other Assistance to Organizations	Governments and Individuals in the United States	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  ▶ Attatch to Form 990.	Employeric	CLARKE COUNTY DEVELOPMENT CORPORATION 23-7047287	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
SCHEDIII F.1	(Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	CLARKE COUNT	Part   Genera	1 Does the orga the selection of

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form

<u>ફ</u> □

Open to Public Inspection

OMB No 1545-0047 2009

990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	y recipient that re- orm 990) if addi	eceived more the	more than \$5,000. Check this box if no one recipient received more than \$5,000. Use pace is needed	his box if no one re	ecipient received	more than \$5,00	0. Use ▶
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF OSCEOLA  115 N FILLMORE ST	0703003-01	42_6006070 CONFEMENT	056 91	c			COMMUNITY
CLARKE COMM DOLLARS FOR SCHOLARS  800 N JACKSON ST  OSCEOLA. TA 50213	68-0505351 501 (c) 3	501 (c) 3	10,000.	0			COMMUNITY
CLARKE COUNTY FOOD PANTRY  119 S FILLMORE  OSCEOLA, IA 50213	42-0921920 501 (c) 3	501 (c) 3	. 6, 600.	0			COMMUNITY DEVELOPMENT
CLARKE COUNTY FOUNDATIONOSCEOLA, IA 50213	20-4356480 501 (c) 3	501 (c) 3	105,000.	0.			COMMUNITY DEVELOPMENT
CLARKE COUNTY HOME CARE AIDE SRV 123 E JEFFERSON ST OSCEOLA, IA 50213	42-0941771 501 (C) 3	501 (C) 3	12,000.	0.			COMMUNITY DEVELOPMENT
CLARKE COUNTY SHERIFF  TOWN LINE ROAD  OSCEOLA, IA 50213	42-6005082 GOVERNIN	GOVERNMENT	10,000.	0.			COMMUNITY
CROSS MINISTRIES  1610 N MAIN ST  OSCEOLA, IA 50213	72-1605243 501 (c) 3	501 (c) 3	26,997.	0.			COMMUNITY DEVELOPMENT
154 W JEFFERSON ST. OSCEOLA, IA 50213	42-6004224	42-6004224 GOVERNMENT	10,000.	0.			COMMUNITY
2 Enter total number of section 501(c)(3) and government organizations	3) and government o	rganizations				•	12

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

3 Enter total number of other organizations

								OMB No 1545 0047
SCHEDULE 1-1 (Form 990)		ပိ	Continuation Shee	tion Sheet for Schedule I (Form 990)	l (Form 990)			2009
Department of the Treasury			► Attach to Form Schedule I (F	<ul> <li>Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.</li> </ul>	ormation for art III.		02	Open to Public Inspection
١.	CO TREATER CO	CODDODATION					Employer identification number 23-7047287	on number
CLAKKE COUNTY I	DEVELOPMENT CO	Other Assistanc	e to Governments	COUNTY DEVELORMENT CONFORMATION Continuation of Grants and Other Assistance to Governments and Organizations in the United States	s in the United Stat	(Schedule	(Form 990),	Part II.)
٦Ě	of organization or nent	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSAIC		11-3669999 501 (c) 3	501(c)3	5, 966.				COMMUNITY DEVELOPMENT
	CORPORATION -	42-1353770 501 (c) 6	501(c)6	.12,797.				COMMUNITY DEVELOPMENT
MURRAY FIRE DEPARTMENT 420 MAPLE ST MIRRAY TA 50174	rwent	42-6133048 504	504	8,031.			:	COMMUNITY DEVELOPMENT
OSCEOLA CHAMBER MAIN STREET 115 E WASHINGTON ST	AIN STREET	42-1474110 501 (c) 4	501(c)4	10,000.				COMMUNITY DEVELOPMENT
1 Z 1 V 1 1	ARE	42-1519141 501 (c) 3	501(c)3	29,293.				COMMUNITY DEVELOPMENT
THE VILLAGE LTD _ 2500 COLLEGE DR _ OSCEOLA, IA 50213		42-1495438 501 (c) <u>3</u>	501(c)3	41,400.				COMMUNITY

Page 2 Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) of additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 23-7047287 (e) Method of valuation (book, FMV, appraisal, other) REVIEW OF RECIPIENT REPORTS CONCERNING USE OF GRANTS, SITE VISITS TO INSPECT GRANT (d) Amount of non-cash assistance CLARKE COUNTY DEVELOPMENT CORPORATION (c) Amount of cash grant Part I. Line 2 - Grantmaker's Description of How Grants are Used (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 FUNDS USED Schedule I (Form 990) 2009

BAA

#### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

CLARKE COUNTY DEVELOPMENT CORPORATION	23-7047287
Farma 000 Bart VI. Line 11 Form 000 Barious Brosses	
EACH DIRECTOR IS PROVIDED A DRAFT COPY OF THE TAX RETURN FOR RE	VIEW PRIOR TO FILING
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	iflicts
ANNUAL DISCUSSION OF THE CONFLICT OF INTEREST POLICY AND CONFIG	MATION OF THE
DIRECTORS' AND EMPLOYEES' DISCLOSURE OF OUTSIDE INTERESTS AND O	COMPLIANCE WITH THE
POLICY	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Ex	ec. Dir., or Top Mgtment
ALL BOARD MEMBERS PARTICIPATE IN THE ANNUAL REVIEW OF THE EXECU	TIVE DIRECTOR AND
APPROVE CHANGES IN COMPENSATION	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST	. <b></b>
	· <b></b>

Schedule <b>0</b> (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
CLARKE COUNTY DEVELOPMENT CORPORATION	23-7047287
OMERIC COURT DE VIII OUE CLEEN	
•	
•	
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## Form **4562**

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service Name(s) shown on return

CLARKE COUNTY DEVELOPMENT CORPORATION

Identifying number 23-7047287

Busin	ess or activity to which this form rel	ates						
For	m 4562 only							
Pai	Election To Ex Note: If you have	pense Certain P any listed property,	Property Under Sec complete Part V before	tion 179 you complete F	Part I			
1	Maximum amount. See th	ne instructions for a	higher limit for certain	businesses			1	\$250,000.
2	Total cost of section 179	property placed in s	service (see instructions	s)			2	
3	Threshold cost of section	179 property before	e reduction in limitation	(see instruction	s).		3	\$800,000.
4	Reduction in limitation. S	ubtract line 3 from I	ine 2. If zero or less, e	nter -0-			4	
5	Dollar limitation for tax ye separately, see instruction		from line 1 If zero or le	ess, enter -0- If	married	filing	5	
6	(8	Description of property		(b) Cost (business	use only)	(C) Elected co	ost	4 to refine the first of the
				T				WAR TO THE REAL PROPERTY OF THE PERTY OF THE
7	Listed property Enter the	amount from line 2	<u>×</u> 9		7			
8	Total elected cost of sect	ion 179 property. Ad	dd amounts in column (	c), lines 6 and 7	7		8	
9	Tentative deduction. Ente	er the <b>smaller</b> of line	5 or line 8				9	
10	Carryover of disallowed of	leduction from line 1	3 of your 2008 Form 45	562			10	<u> </u>
11	Business income limitation	on. Enter the smalle	r of business income (r	ot less than zer	o) or line	e 5 (see instrs)	11	
	Section 179 expense ded					<del></del>	12	<u> </u>
	Carryover of disallowed of				13	····		1
Note	: Do not use Part II or Par							
Par	t II Special Depred	ciation Allowand	e and Other Depre	ciation (Don	ot includ	le listed property	y <b>)</b> (See	e instructions.)
14	Special depreciation allow tax year (see instructions		property (other than list	ed property) pla	ced in se	ervice during the	14	
15	Property subject to section	•	·				15	
	Other depreciation (included			•			16	
Pai			clude listed property.) (	See instructions	<u>,                                      </u>			
, u	till IlliAons Depic	Ciation (DO NOTIO	Section		<del>/</del>	<del></del>		
17	MACRS daductions for as						17	13,652.
17	MACRS deductions for as	ssets placed in servi	ce in tax years beginni	ng before 2009				
18	If you are electing to ground asset accounts, check he	up any assets place re	d in service during the	tax year into one	e or more	e general ►	) d	
	Section	B - Assets Placed	in Service During 2009	Tax Year Using	the Gen	eral Depreciation	on Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conve			(g) Depreciation deduction
19	3-year property			···				
	5-year property .	44.45			<b>†</b>			†
	7-year property		742.	7	H)	7 S/:	T.	53.
	10-year property	一		· · · · · · · · · · · · · · · · · · ·	<del> </del>			
				- · ·· <del></del>	<del> </del> -	- +		<del> </del>
	15-year property			<del></del>	+			<del> </del> -
	20-year property			25	<del></del>		<del></del>	<del></del>
	25 year property		<del></del>	25 yrs	10	S/:		<del> </del>
1	Residential rental			27.5 yrs	M			
	property			27.5 yrs	M			<del></del>
i	Nonresidential real			39 yrs	M			
	property	<u> </u>			M	1 S/:	<u>L</u> _	
	Section C	- Assets Placed in	Service During 2009	Tax Year Using t	he Alter	native Deprecia	tion Sy	/stem
20:	Class life					S/:		
	12-year			12 yrs		S/:	L	
	: 40-year			40 yrs	M			
	t IV Summary (See	instructions.)						<del></del>
	Listed property Enter an			<del> </del>			21	
	Total Add amounts from line I the appropriate lines of your ref		es 19 and 20 in column (g), a corporations— see instruction	and line 21. Enter her S	e and on		22	13,705.
	For assets shown above the portion of the basis a	and placed in service	ce during the current ve	ar, enter	23	<del></del>		

# Form **8868** (Rev April 2009)

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

OMB No 1545 1709

Department of the Treasury

► File a separate application for each return.

Internal Revenue	Service		- File a separate application for cach return	<u>.                                    </u>		
<ul><li>If you are</li></ul>	e filing for an A	utomatic 3-Month	Extension, complete only Part and check this bo	OX .		<u>► X</u>
• If you are	e filing for an A	dditional (Not Aut	omatic) 3-Month Extension, complete only Part i	ton page 2 of this	form).	_
Do not comp	olete Part II unie	ess you have alrea	dy been granted an automatic 3-month extension	n on a previously fi	led Form 8868.	
	Automatic 3	-Month Extens	ion of Time. Only submit original (no c	opies needed).		
A corporation	n required to fil	e Form 990-T and	requesting an automatic 6-month extension- che	eck this box and co	omplete Part I only	▶ □
All other corp	porations (inclu		), partnerships, REMICS, and trusts must use Fo			_
income tax re						
Electronic Fi eturns noted the additiona Form 990-T. this form, vis	iling (e-file). Ger d below (6 mon d (not automati Instead, you m dt www irs gov/	nerally, you can el- ths for a corporation c) 3-month extens sust submit the full befile and click on e	ectronically file Form 8868 if you want a 3-month on required to file Form 990-T) However, you ca ion or (2) you file Forms 990-BL, 6069, or 8870, y completed and signed page 2 (Part II) of Form -file for Charities & Nonprofits	automatic extens nnot file Form 886 group returns, or a 8868. For more di	ion of time to file on the second section of time to file on the electronically if (a composite or consecution on the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the electronic or the el	ne of the 1) you want solidated onic filing of
	Name of Exempt C	Organization			Employer identification	number
Type or print						
			PMENT CORPORATION		23-7047287	
le by the	1		If a P O box, see instructions			
iling your eturn See nstructions	P O BOX 4	26		<del></del>		
istructions	1		e For a foreign address, see instructions			
	OSCEOLA,					
		filed(file a separate	e application for each return):			
X Form 990		_	Form 990-T (corporation)	Form 472		
Form 990		<u> </u>	Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 990		L	Form 990-T (trust other than above)	Form 606		
Form 990	)-PF		Form 1041-A	Form 887	70	
<ul> <li>If the orga</li> <li>If this is f</li> <li>check this</li> <li>the exten</li> </ul>	for a Group Ref s box P sion will cover.	not have an office turn, enter the organistic for the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	FAX No. ► 641-342-635 or place of business in the United States, check anization's four digit Group Exemption Number (the group, check this box. ► and attach a list a corporation required to file Form 990-T)	this box GEN) If t with the names a	this is for the who	le group,
		, 20 <u>10</u> , to file ne organization's re	the exempt organization return for the organizate	ion named above.		
	calendar year	•				
	tax year begin		, 20, and ending, 2	20 .		
	,	ess than 12 month			Change in accountii	ng period
3a If this a	application is fo	r Form 990-BL, 99	0-PF, 990-T, 4720, or 6069, enter the tentative to	ax, less any	3-6	0.
		. See instructions	<del> </del>	<del></del>	3a \$	
			990-T, enter any refundable credits and estimate int allowed as a credit.	ed tax payments	3b \$	0.
deposit	e <b>Due.</b> Subtract with FTD coup structions	line 3b from line oon or, if required,	3a. Include your payment with this form, or, if red by using EFTPS (Electronic Federal Tax Paymer	quired, nt System).	3c \$	0.
Caution. If you		make an electron	ic fund withdrawal with this Form 8868, see Form	n 8453-EO and For	rm 8879-EO for	
BAA For Pri	vacy Act and F	Paperwork Reduct	ion Act Notice, see instructions.		Form <b>8868</b>	(Rev. 4-2009)

2009	Schedule D, Part XIV - Supplemental In	ıformation	Page 6
Client O16648	CLARKE COUNTY DEVELOPMENT CORPORA	TION	23-7047287
5/05/10 Schedule D, Part Other Revenue in	XII, Line 2d icluded In F/S But Not Included On Form 990		04 19PN
DECREASE IN DE INTEREST ON LE RENTAL EXPENSE	EFERRED MEMBERSHIP DUES EASE WITH OPTION TO BUY ES	\$ Total \$	2,892. 50,869. 29,832. 83,593.
Schedule D, Part Other Revenue In	XII, Line 4b Icluded On Form 990 But Not Included In F/S		
RENT ON LEASE	WITH OPTION TO BUY	Total \$	71,134. 71,134.
Schedule D, Part Other Expenses	XIII, Line 2d And Losses Per Audited F/S		
INCREASE IN GF	ROPERTY TAXES PAYABLE	\$ Total \$	44. 249,588. 1,681. 29,832. 281,145.
Schedule D, Part Other Revenue In	XIII, Line 4b cluded On Form 990 But Not Included In F/S		
DECREASE IN AC	COUNTS PAYABLE CRUED INTEREST ON LEASE WITH OPTION TO BUY	\$ Total <u>\$</u>	1,500. 326. 16,805. 18,631.

2009	09 Federal Worksheets				
Client O16648	CLARKE COUNTY DEVELOPMENT CORPORATION	23-7047287			
5/05/10  Rental Income Wor	ksheet	04:19PM			
COMMERCIAL BU Gross Rental Expenses Depreciat Interest Taxes Total Expens	ion	71,134.  16,805. 12,551. 476. 29,832. 41,302.			

#### Form 990, Part IX, Line 24 Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management <u>&amp; General</u>	Fundraising
CLEANING & MAINTENANCE CONTRACTED SERVICES	4,680. 3,814.	3,510. 3,814.	1,170.	
DUES & MEMBERSHIPS INCOME TAXES	3,248. 1,509.	1,805. 1,509.	1,443.	
LICENSES & PERMITS MISCELLANEOUS	307. 571.		307. 571.	
Postage and Shipping REPAIRS & MAINTENANCE	1,016. 2,369.	508. 1,617.	508. 752.	
WEBSITE MAINTENANCE	Total $\frac{4,029.}{$21,543.}$	4,029. \$ 16,792.	\$ 4,751.	\$0.