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Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning** _____, and ending _____

Check if applicable
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

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

C Name of organization **CLINTON COUNTY COMMUNITY DEVELOPMENT ASSOCIATION**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

P.O. BOX 2061

City or town, state or country, and ZIP + 4

CLINTON IA 52733-2061

F Name and address of principal officer

GERRY FREUDENBERG**P.O. BOX 2061****CLINTON****IA 52732**I Tax-exempt status 501(c) (4) (insert no.) 4947(a)(1) or 527J Website: ► www.clintonia.com/gamingK Type of organization Corporation Trust Association Other ►L Year of formation **1989**

M State of legal domicile

H(a) Is this a group return for

affiliates?

 Yes No

H(b) Are all affiliates included?

 Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

Part I Summary1 Briefly describe the organization's mission or most significant activities.**TO DISTRIBUTE FUNDS FROM GAMING OPERATIONS**

3	9
4	9
5	0
6	
7a	
7b	0

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

Activities & Governance

Prior Year

Current Year

8 Contributions and grants (Part VIII, line 1h) **1,367,082****1,492,071**9 Program service revenue (Part VIII, line 2g) **80,340****63,213**10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **2,796****34,034**11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **1,450,218****1,589,318**12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) **1,210,022****1,778,107**

Revenue

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) **26,189****30,993**17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) **1,236,211****1,809,100**18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) **214,007****-219,782**

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16) **2,229,648****2,536,811**21 Total liabilities (Part X, line 26) **2,103,996****2,630,941**22 Net assets or fund balances. Subtract line 21 from line 20 **125,652****-94,130**

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer

3/17/10

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

David Meade

Date

03/12/10

Check if self-employed

Preparer's identifying number (see instructions)

P00166896

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

Miner, Gilroy and Meade, CPA, PC

EIN

20-3457195*1050 N 18th St
Clinton, IA 52732*

Phone no

563-243-0280

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO DISTRIBUTE FUNDS FROM GAMING OPERATIONS

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 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,753,107 including grants of \$ 1,753,107) (Revenue \$)
**MONEY RECEIVED BY THIS ORGANIZATION IS CYCLED BACK INTO
 THE LOCAL COMMUNITY THROUGH THE ISSUANCE OF GRANTS AND
 OTHER AWARDS GIVEN TO NUMEROUS LOCAL NONPROFIT ORGANIZATIONS.**

4b (Code:) (Expenses \$ 25,000 including grants of \$ 25,000) (Revenue \$)
**MONEY RECEIVED BY THIS ORGANIZATION IS CYCLED BACK INTO
 THE LOCAL COMMUNITY THROUGH THE ISSUANCE OF NUMEROUS
 SCHOLARSHIPS TO AREA HIGH SCHOOL GRADUATES.**

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **1,778,107**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Yes No

2 Is the organization required to complete Schedule B, Schedule of Contributors? 1 2

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8

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

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

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17

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

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 19

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20

Form 990 (2009) CLINTON COUNTY COMMUNITY
Part IV Checklist of Required Schedules (continued)

42-1340090

Page 4

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

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

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b 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-EZ? If "Yes," complete Schedule L, Part I

26 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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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 I

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

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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

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.

	Yes	No
21	X	
22	X	
23		X
24a		X
24b		
24c		
24d		
25a		X
25b	X	
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36		
37		X
38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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	X
b If "Yes," enter the name of the foreign country: ► <i>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>	5a	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5b	X
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?	5c	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	X
7 Organizations that may receive deductible contributions under section 170(c).	6b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c 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	
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	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.	9a	
a Did the organization make any taxable distributions under section 4966?	9b	
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a **9**
 b Enter the number of voting members that are independent 1b **9**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 **X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 **X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 **X**

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 **X**

6 Does the organization have members or stockholders? 6 **X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a **X**
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a **X**
 a The governing body? 8b **X**
 b Each committee with authority to act on behalf of the governing body? 9 **X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? 10a **X**
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 **X**

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a **X**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b **X**
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c **X**
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 **X**

13 Does the organization have a written whistleblower policy? 14 **X**

14 Does the organization have a written document retention and destruction policy? 15 **X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a **X**
 a The organization's CEO, Executive Director, or top management official 15b **X**
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a **X**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b **X**
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **SHAWN HOOD, ADMINISTRATIVE AGENT P.O. BOX 2061**

CLINTON

IA 52732

563-242-5702

Form 990 (2009)

Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Form 990 (2009) CLINTON COUNTY COMMUNITY
Part VIII Statement of Revenue

42-1340090

Page 9

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f	1a 1b 1c 1d 1e 1f \$			
	h Total. Add lines 1a-1f	►			
Program Service Revenue		Busn. Code			
	2a GAMING FEES b c d e f All other program service revenue g Total. Add lines 2a-2f		1,492,071 1,492,071 1,492,071		
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	►	63,213 63,213		
	6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss)	(i) Real (ii) Personal			
	7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss)	(i) Securities (ii) Other			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events	a b c			
	9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities	a b c			
	10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory	a b c			
Other Revenue	Miscellaneous Revenue	Busn. Code			
	11a GRANT FORFEITURES b c d All other revenue e Total. Add lines 11a-11d		34,034 34,034 34,034		
	12 Total Revenue. See instructions	►	1,589,318 1,526,105 0		63,213

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,753,107	1,753,107		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	25,000	25,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	500	500		
c Accounting	18,374	18,374		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ADVERTISING	6,451	6,451		
b LICENSES & FEES	3,076	3,076		
c INSURANCE	1,200	1,200		
d MISCELLANEOUS	1,007	1,007		
e OFFICE EXPENSE	385	385		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,809,100	1,778,107	30,993	
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,309	1	657
	2 Savings and temporary cash investments	2,073,859	2	2,421,590
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	142,869	4	109,030
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,611	15	5,534
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,229,648	16	2,536,811	
Liabilities	17 Accounts payable and accrued expenses	38,380	17	38,419
	18 Grants payable	2,065,616	18	2,592,522
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,103,996	26	2,630,941
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	125,652	27	-94,130
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	125,652	33	-94,130
	34 Total liabilities and net assets/fund balances	2,229,648	34	2,536,811

Form 990 (2009)

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

**CLINTON COUNTY COMMUNITY
DEVELOPMENT ASSOCIATION**

Employer identification number

42-1340090**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

Schedule D (Form 990) 2009 CLINTON COUNTY COMMUNITY

42-1340090

Page 2

Part III · Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %
 b Permanent endowment ► %
 c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations
 (ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	

2 FIN 48 Footnote. In Part XIV, provide the text of the footnote to

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.

Schedule D (Form 990) 2009 CLINTON COUNTY COMMUNITY

42-1340090

Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,589,318
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,809,100
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-219,782
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net) Add lines 4 through 8	9	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-219,782

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	1,589,318
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,589,318
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,589,318

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	1,809,100
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,809,100
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,809,100

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2009 **CLINTON COUNTY COMMUNITY**
Part XIV Supplemental Information (continued)

42-1340090

Page 5

CLINTON COUNTY COMMUNITY DEVELOPMENT ASSOCIATION**42-1340900****(Schedule I - Part II)**

(a) Name of Applicant and address	(b) EIN	(c) IRC section	(d) Amount	(h) Purpose of grant or assistance
Central Community Schools of Clinton County, DeWitt, IA 52742	42-6040381	99B 7(3)(b)	300,000.00	Paving the Way for Central Success
Northeast Community School District, Goose Lake, IA 52750	42-6040430	501(c)(3)	20,000.00	Northeast Fine Arts Building
Calamus Little League Association, Calamus, IA 52729	42-1230900	501(c)(3)	15,000.00	Calamus Little League Concession Stand
Calamus-Wheatland Athletic Boosters, Wheatland, IA 52777	20-1761519	501(c)(3)	3,500.00	Baseball Diamond Upgrades
Camanche Community School District, Camanche, IA 52730	42-6016657	99B 7(3)(b)	7,500.00	Camanche High School Band Uniforms
Central Community Historical Society, DeWitt, IA 52742	42-1159131	501(c)(3)	10,500.00	New Roof on Museum
Clinton Community School District, Clinton, IA 52732	42-6049083	501(c)(3)	55,000.00	Welding Program for Clinton Community School District
Clinton County Agricultural Society, Clinton, IA 52732	42-6075529	501(c)(3)	10,000.00	Roof Repairs and Electrical Repairs
Clinton County Historical Society, Clinton, IA 52732	23-7064157	501(c)(3)	1,000.00	Museum Painting Project
Clinton Jaycees Foundation, Clinton, IA 52732	42-1431476	501(c)(3)	27,000.00	Symphony of Lights LED Light Bulbs
Clinton Kiwanis Club Foundation, Clinton, IA 52732	42-1436392	501(c)(3)	25,000.00	Clinton Sawmill Experience Public Relations & Marketing Package
Clinton Symphony Orchestra Association, Clinton, IA 52732	42-6066462	501(c)(3)	1,500.00	June 2010 Clinton Symphony Pops Concert
Clinton Trees Forever, Clinton, IA 52732	42-1448505	501(c)(3)	10,000.00	Reforestation of City Parks
Clinton, City of, Clinton, IA 52732	42-6004399	Local Govt	32,000.00	Clinton County First Responder Training Ground Blacktopping
Clinton, City of, Clinton, IA 52732	42-6004399	Local Govt	20,000.00	Riverview Park Picnic Shelter and Playground Safety Surfaces
Clinton, County of, Grand Mound, IA 52751	42-6004402	170(c)(2)	9,000.00	Ringneck Marsh Wildlife Area
De Witt Area Community Foundation, DeWitt, IA 52742	42-1296691	501(c)(3)	7,500.00	Technology Project for Central Schools
De Witt Area Community Foundation, DeWitt, IA 52742	42-1296691	501(c)(3)	6,000.00	Band & Vocal Instrument & Equipment Improvement
Felix Adler Memorial Association, Inc., Clinton, IA 52732	42-1413599	501(c)(3)	7,500.00	Basic Grocery Store Exhibit
First United Methodist Church, Clinton, IA 52732	42-0176334	501(c)(3)	2,000.00	Cargo Trailer & Equipment Purchase for Troop 22, BSA
Friends of Riverview Stadium, Clinton, IA 52732	42-1406819	501(c)(3)	22,000.00	Riverview Stadium/Alliant Energy Field
Gateway Area Chapter American Red Cross, Clinton, IA 52732	42-0598300	501(c)(3)	1,000.00	Be Red Cross Ready-Preparing a Safer, Healthier Clinton County
Gateway Area Foundation, Clinton, IA 52732	42-1270203	501(c)(3)	37,500.00	25th Avenue North Boat Ramp Improvement Project
Gateway Area Foundation, Clinton, IA 52732	42-1270203	501(c)(3)	30,000.00	5th & 6th Ave Streetscape Enhancement
Gateway Area Foundation, Clinton, IA 52732	42-1270203	501(c)(3)	16,000.00	Welcome to Clinton Sign
Genesis Medical Center-DeWitt, DeWitt, IA 52742	42-1418847	501(c)(3)	20,000.00	At Home in DeWitt A Vision for the Future
Goose Lake, City of, Goose Lake, IA 52750	42-1435049	107(c)(2)	60,000.00	Purchase of Used Fire Truck
Grand Mound Volunteer Fire Co., Grand Mound, IA 52751	42-6068756	501(c)(3)	7,500.00	Independence Day 2010 Fireworks Display
Grand Mound, City of, Grand Mound, IA 52751	42-6004721	Local Govt	3,000.00	Grand Mound Community Center Roof Replacement
Lost Nation Visions, Ltd., Lost Nation, IA 52254	42-1581410	501(c)(3)	15,000.00	Grass and Brush Truck Replacement
Saint Joseph School, DeWitt, IA 52742	42-0802085	501(c)(3)	28,500.00	Technology Project
YMCA/YWCA Clinton	42-0716335	501(c)(3)	9,500.00	YMCA/YWCA Combined New Facility Feasibility Study
River King and Queen Athletic Booster Club, Clinton, IA	42-1417260	501(c)(3)	500,000.00	Address deficiencies of outdoor athletic facilities at Clinton High
YWCA Clinton, Clinton, IA 52732	42-0716335	501(c)(3)	25,000.00	YWCA Swimming Pool safety renovations
Clinton, City of, Clinton, IA 52732	42-6004399	Local Govt	18,107.00	Bike Path-electricity to lights
Clinton Family YMCA (YMCA of Clinton Iowa, Inc	42-0680312	501(c)(3)	10,000.00	Transitional Housing for men
Clinton Area Development Foundation/CRDC, Clinton, IA 52732	42-1307862	501(c)(3)	200,000.00	Lincolnway Raiport & Industrial Park start-up costs
				<u><u>1,753,107.00</u></u>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I line 2, and any other additional information.

Bast, Tina 3 = *Bracelets for Monitoring the Use of Funds*

The Association reserves the right to inspect any project for which grants have been awarded. All invoices that are turned in for reimbursement are reviewed for reasonableness to the grantee's project as described in the grant application form and are paid at the percent indicated by the funding policies (Fund A reimbursements are paid at 50% and Fund B reimbursements are paid at 75% of the invoices submitted, each up to the amount of the award.) Scholarships are paid directly to the appropriate educational institution upon receipt of a tuition bill or some other form of verification of enrollment.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization	CLINTON COUNTY COMMUNITY DEVELOPMENT ASSOCIATION	Employer identification number 42-1340090
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Form 990, Part III, Line 4d - All Other Achievements

MONEY RECEIVED BY THIS ORGANIZATION IS CYCLED BACK INTO
THE LOCAL COMMUNITY THROUGH THE ISSUANCE OF GRANTS
TO NUMEROUS LOCAL NONPROFIT ORGANIZATIONS AND THROUGH
THE ISSUANCE OF SCHOLARSHIPS TO NUMEROUS HIGH SCHOOL
STUDENTS.

Form 990, Part VI, Line 8a - Documentation by Governing Body Explanation
ALL BUSINESS CONDUCTED IN MONTHLY MEETINGS IS DOCUMENTED IN THE BOARD
MINUTES WHICH ARE DISTRIBUTED AND APPROVED BY THE BOARD OF DIRECTORS AT THE
NEXT MONTHLY MEETING.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation
COMMITTEES REPORT THEIR RECOMMENDATIONS BACK TO THE BOARD FOR
APPROVAL, WHICH ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
ADMINISTRATIVE AGENT REVIEWS THE 990 AND REPORTS TO THE BOARD OF DIRECTORS
BEFORE THE RETURN IS FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
BOARD OF DIRECTORS ARE GIVEN A COPY OF THE POLICY AND ARE REQUIRED TO SIGN
A CONFLICT OF INTEREST STATEMENT DURING THE APPLICATION PROCESS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Name of the organization

CLINTON COUNTY COMMUNITY

Employer identification number

42-1340090**NO COMPENSATION PAID****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST**