

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**
 u Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 u The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Community Council</div> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <div style="text-align: center; font-weight: bold; font-size: 1.2em;">P O Box 2936</div> City or town, state or country, and ZIP + 4 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Walla Walla WA 99362</div>	D Employer identification number <div style="text-align: center; font-weight: bold; font-size: 1.2em;">35-2327775</div> E Telephone number <div style="text-align: center; font-weight: bold; font-size: 1.2em;">509-540-6720</div> F Group Exemption Number u
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) **u**

I Website: **u** www.wallawallavitalsigns.org **H Check** **u** if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (**3**) **t** (insert no.) 4947(a)(1) or 527

K Check **u** if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **u** \$ **151,218**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1		149,287
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		1,931
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
	b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8 Other revenue (describe _____)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		151,218	
Expenses	10 Grants and similar amounts paid (attach schedule)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		30,017
	13 Professional fees and other payments to independent contractors	13		
	14 Occupancy, rent, utilities, and maintenance	14		2,292
	15 Printing, publications, postage, and shipping	15		375
	16 Other expenses (describe See Statement 1)	16		26,221
17 Total expenses. Add lines 10 through 16	17		58,905	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		92,313
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21		92,313

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments		22		266,017
23 Land and buildings		23		
24 Other assets (describe See Statement 2)		24		9,000
25 Total assets	0	25		275,017
26 Total liabilities (describe See Statement 3)	0	26		182,704
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27		92,313

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

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 3 columns: Line number, Description, and Amount. Includes rows 28-32 with descriptions like 'Began the cycle of discussion, research and consensus...' and a total of 49,599.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. u 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u		
d	Enter amount of tax on line 40c reimbursed by the organization u		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. u WA		
42a	The books are in care of u Julie T Reese Telephone no. u 509-540-6720 5 W Alder St, Suite 335 Located at u Walla Walla, WA ZIP + 4 u 99362		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: u See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: u	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here u <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

Total number of other employees paid over \$100,000 **0**

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

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

Total number of other independent contractors each receiving over \$100,000 **0**

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: **Julie T Reese** Date: **Executive Director**
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: **Zalaznik, Moore & Associates, PLLC** Date: **11/13/09** Check if self-employed: Preparer's Identifying Number (See instr.): **P00078888**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PO Box 1724 Walla Walla, WA 99362** EIN: **u 26-3386223** Phone no.: **u 509-526-5689**

May the IRS discuss this return with the preparer shown above? See instructions **X** Yes No

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Insurance	2,152
Bank Charges	41
Office Expenses	5,771
Recruitment for Executive	1,736
Taxes & Licenses	825
Training	6,181
Personnel	1,714
Contracted Services	6,592
Program Materials	1,209
Total	<u>\$ 26,221</u>

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$	\$ 9,000
		<u>9,000</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$	\$ 2,704
Deferred Revenue		180,000
		<u>182,704</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

The Community Council is a regional organization that will enable citizens to study, discuss, and develop recommendations to solve problems and improve our regional community. The region in which the Council will operate includes part of Southeast Washington State and a small part of Northeast Oregon State, with the City of Walla Walla, Washington representing the largest population center. The Council will generate a recurring cycle of discussion, research, consensus, advocacy, and measurement of progress toward community improvement. The Council has established a Program Committee that will annually recommend regional issues for study to the Board of Directors for selection, approval, and the beginning of action.

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Jean H. Adams 1124 Alvarado Terrace Walla Walla, WA 99362	Director	1	0	0	0
Joey August 562 East Maple Walla Walla, WA 99362	Director	1	0	0	0
Thomas C Baker 404 Main Street Waitsburg, WA 99361	Director	1	0	0	0
Teresa Y. Barila 1520 Sturm Ave Walla Walla, WA 99362	Director	1	0	0	0
Douglas P Barram 2150 Leonard Dr Walla Walla, WA 99362	Director	1	0	0	0
Douglas Alan Boedigheimer P. O. Box 2936 Walla Walla, WA 99362	Director	1	0	0	0
Mary A Campbell 336 McCorkle Ln Walla Walla, WA 99362	President	20	0	0	0
Sandra Cannon 803 Valencia Walla Walla, WA 99362	Director	1	0	0	0
Larry Craig Christensen 454 Christensen Ln Walla Walla, WA 99362	Director	2	0	0	0
Gregory W Forge 734 Hill Road	Director	1	0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Walla Walla, WA 99362					
Jan Foster 220 Newell St Walla Walla, WA 99362	Treasurer	4	0	0	0
Terry Heisey 2028 Glen Erin Walla Walla, WA 99362	Secretary	2	0	0	0
Wilma M. Hepker 504 Scenic View Drive College Place, WA 99324	Director	1	0	0	0
Carlos E Jaque 277 Summers Circle Walla Walla, WA 99362	Director	1	0	0	0
Mira Kay Kvame P. O. Box 136 Dayton, WA 99328	Director	1	0	0	0
Noah Leavitt 625 Whitman St Walla Walla, WA 99362	Pres Elect	4	0	0	0
Jody Lindquist 102 Labor Camp Road Walla Walla, WA 99362	Director	1	0	0	0
Mululu Mweu 345 Boyer Ave Walla Walla, WA 99362	Director	1	0	0	0
David Ray Norsworthy 1049 Francis Ave Walla Walla, WA 99362	Director	1	0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Richard J Pankl 54 Baumesiter Drive Walla Walla, WA 99362	Director	1	0	0	0
Normond James Passmore 270 E Main Dayton, WA 99328	Director	2	0	0	0
Peggy N Sanderson 1729 Hilbrooke Dr Walla Walla, WA 99362	Director	2	0	0	0
Thomas Sawatzki 1211 Highland Rd Walla Walla, WA 99362	Director	2	0	0	0
Kathy Lee Small 1695 Highland Dr Rd Walla Walla, WA 99362	Director	2	0	0	0
Kelati Weldegaber 1115 SE Colonial Drive Walla Walla, WA 99362	Director	1	0	0	0
J Patricia Yenney 1011 Bonnie Brae Walla Walla, WA 99362	Director	1	0	0	0
Julie T Reese 50182 Tubbs Ranch Rd Adams, OR 97810	Exec Dir	40	25,570	1,714	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					149,287	149,287
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3					149,287	149,287
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						125,856
6 Public support. Subtract line 5 from line 4						23,431

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4					149,287	149,287
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1,931	1,931
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						151,218

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

 b **33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

 b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Sherwood Trust grant	\$ 90,000	\$ 86,976
Northwest Area Foundation grant	39,000	35,976
Art & Clara Bald Trust grant	4,000	976
Blue Mtn Comm Fdn grant	1,000	
George Welch Trust grant	4,000	976
Braden Trust grant	3,500	476
Stubblefield Trust grant	3,500	476
Donations from dues/the public	2,915	
In Kind Donations	622	
Total	<u>\$ 148,537</u>	<u>\$ 125,856</u>