

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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 \$500,000 and total assets less than \$1,250,000 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.

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input 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.	<b>C Name of organization</b> <b>Community Council</b>		<b>D Employer identification number</b> <b>35-2327775</b>
		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> <b>509-540-6720</b>
		City or town, state or country, and ZIP + 4 <b>Walla Walla WA 99362</b>		<b>F Group Exemption Number</b> <b>u</b>

**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.wwcommunitycouncil.org

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

**J Tax-exempt status (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** **u** \$ **111,371**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received														107,295																
	2	Program service revenue including government fees and contracts																														
	3	Membership dues and assessments																														
	4	Investment income														4,076																
	5a	Gross amount from sale of assets other than inventory																														
	5b	Less: cost or other basis and sales expenses																														
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																														
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																														
	6b	Less: direct expenses other than fundraising expenses																														
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																															
7a	Gross sales of inventory, less returns and allowances																															
7b	Less: cost of goods sold																															
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8	Other revenue (describe _____)																															
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														111,371																	
Expenses	10	Grants and similar amounts paid (attach schedule)																														
	11	Benefits paid to or for members																														
	12	Salaries, other compensation, and employee benefits														85,127																
	13	Professional fees and other payments to independent contractors														908																
	14	Occupancy, rent, utilities, and maintenance														7,644																
	15	Printing, publications, postage, and shipping														30,497																
	16	Other expenses (describe <b>See Statement 1</b> )														6,021																
17	<b>Total expenses.</b> Add lines 10 through 16														130,197																	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-18,826																
	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)														92,313																
	20	Other changes in net assets or fund balances (attach explanation <b>See Statement 2</b> )														28																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														73,515																

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	266,017	166,020
23	Land and buildings		
24	Other assets (describe <b>See Statement 3</b> )	9,000	
25	<b>Total assets</b>	275,017	166,020
26	<b>Total liabilities</b> (describe <b>See Statement 4</b> )	182,704	92,505
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	92,313	73,515

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

Expenses

What is the organization's primary exempt purpose?

See Statement 5

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

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.

28 See Statement 6

(Grants \$ ) If this amount includes foreign grants, check here u

28a 99,711

29

(Grants \$ ) If this amount includes foreign grants, check here u

29a

30

(Grants \$ ) If this amount includes foreign grants, check here u

30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here u

31a

32 Total program service expenses (add lines 28a through 31a)

u 32 99,711

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. Row 1 contains 'See Statement 7'.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		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 outstanding at the end 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u		
d	Section 501(c)(3) and 501(c)(4) organizations. 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		X
41	List the states with which a copy of this return is filed. u WA		
42a	The organization's 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)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: u		
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		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		X

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

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political campaign activities, lobbying, and transfers to exempt organizations.

Table for line 50: Complete this table for the organization's five highest compensated employees. Columns: (a) Name and address, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances.

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

Table for line 51: Complete this table for the organization's five highest compensated independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation.

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

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Julie T Reese, Executive Director, Date: 11/14/10.

Paid Preparer's Use Only: Preparer's signature, Date: 11/14/10, Check if self-employed: u, Preparer's Identifying Number: P00078888, Firm's name: Zalaznik, Moore & Associates, PLLC, 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

**Public Charity Status and Public Support**

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Name of the organization

**Community Council**

Employer identification number

**35-2327775**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				148,665	107,295	255,960
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3				148,665	107,295	255,960
<b>5</b> 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)						213,544
<b>6</b> Public support. Subtract line 5 from line 4						42,416

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4				148,665	107,295	255,960
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,931	4,076	6,007
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						261,967

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>b 33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>		

**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) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** 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—2008.** 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





# Federal Statements

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

Description	Amount
Expenses	\$
Advertising	75
Bank Charges	19
Taxes and Licenses	30
Office Expense	2,690
Dues	200
Meetings, Conferences	3,007
Total	<u>\$ 6,021</u>

## Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Prior Period Adjustment-Refund check charge	\$ 28
Total	<u>\$ 28</u>

## Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

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

## Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,704	\$ 2,505
Deferred Revenue	180,000	90,000
	<u>182,704</u>	<u>92,505</u>

## Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

### Description

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.

**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments**

Description

Community participation and financial support grew. Membership increased from 69 charter members to 163; grant support from 4 foundations/trusts was received; and 54 donors made financial contributions, as compared with 18 in 2008.

The first study, Enhancing the Educational Attainment of our Region's Children, was completed. As many as 70 people took part in the study with a core group of 40 completing the six-month project. Thirty-five experts presented information. The findings, conclusions the committee drew and their recommendations for improvement were presented at a community luncheon and in various other settings and a written report was published. By adopting the Study Committee's report, the Community Council committed to facilitate the 2-year effort to educate the public and decision-makers and to implement the recommendations. An implementation task force of 15 developed a strategic plan and began that effort.

The Program Committee selected a new study topic: How do we improve our region's economic viability by creating businesses that add value to existing agricultural resources currently not used to their full economic potential? The 2009-10 study kicked off in December. About 35 people are participating.

A group of community leaders completed Walla Walla Regional Vital Signs, Quality of Life indicators website ([walla2regvitalsigns.org](http://walla2regvitalsigns.org)) Working with designers from Eastern Washington University, the group selected nearly 40 indicators and evaluated the data, briefly describing the meaning of the data in five categories: economy, education, environment, health, household and public safety and assigning a current status to each. A committee will annually review the data and update the interpretive portion of the site. The marketing committee created visibility for the organization with a brochure and other printed materials, through public meetings and presentations to a number of groups, and through media contact. They are also working on a new website for Community Council.

The Board of Directors and Executive Director are working toward long-term sustainability through strategic planning and its implementation.

## Federal Statements

**Statement 7 - 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	1.00	0	0	0
Leslie Brown 84063 Winesap Rd Milton Freewater, OR 97862	Director	1.00	0	0	0
Mary A Campbell 336 McCorkle Ln Walla Walla, WA 99362	Past Pres	2.00	0	0	0
Sandra Cannon 803 Valencia Walla Walla, WA 99362	Director	1.00	0	0	0
Larry Craig Christensen 454 Christensen Ln Walla Walla, WA 99362	Director	2.00	0	0	0
Gregory W Forge 734 Hill Road Walla Walla, WA 99362	President	4.00	0	0	0
Jan Foster 220 Newell St Walla Walla, WA 99362	Director	2.00	0	0	0
Terry Heisey 2028 Glen Erin Walla Walla, WA 99362	Secretary	2.00	0	0	0
Wilma M. Hepker 504 Scenic View Drive College Place, WA 99324	Director	1.00	0	0	0
Carlos E Jaque 277 Summers Circle	Director	1.00	0	0	0

## Federal Statements

**Statement 7 - 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					
Kip Kelly 1505 Business One Circle Walla Walla, WA 99362	Director	1.00	0	0	0
Noah Leavitt 625 Whitman St Walla Walla, WA 99362	Director	1.00	0	0	0
Jody Lindquist 102 Labor Camp Road Walla Walla, WA 99362	Director	1.00	0	0	0
Abigail Muro 210 Cascade Drive Walla Walla, WA 99362	Director	1.00	0	0	0
Mululu Mweu 345 Boyer Ave Walla Walla, WA 99362	Director	1.00	0	0	0
Normond James Passmore 270 E Main Dayton, WA 99328	Pres Elect	2.00	0	0	0
Pat Rima P. O. Box 616 College Place, WA 99324	Director	1.00	0	0	0
Thomas Sawatzki 1211 Highland Rd Walla Walla, WA 99362	Treasurer	2.00	0	0	0
Cynthia Selde 362 Catherine Street, Apt B-10 Walla Walla, WA 99362	Director	1.00	0	0	0

## Federal Statements

**Statement 7 - 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>
Sandy Trentham 1851 Fairway Drive Walla Walla, WA 99362	Director	1.00	0	0	0
Jay Turner 152 E Maple Street Walla Walla, WA 99362	Director	1.00	0	0	0
Kelati Weldegaber 1115 SE Colonial Drive Walla Walla, WA 99362	Director	1.00	0	0	0
J Patricia Yenney 1011 Bonnie Brae Walla Walla, WA 99362	Director	1.00	0	0	0
Julie T Reese 50182 Tubbs Ranch Rd Adams, OR 97810	Exec Dir	40.00	60,000	18,000	0