Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

} Do not enter social security numbers on this form as it may be made public.} Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	e 2014 calend	ar year, or tax year beginning , and ending							
B		applicable:	C Name of organization		D Employer	r identification number				
Н	Address of	-	Gammunitus Gaungil			25 2	22777			
Н	Name cha	•	Community Council Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	─	35-2327775				
Н		urn/terminated		Room/suite	- 1 '	E Telephone				
Н			P O Box 2936 City or town, state or province, country, and ZIP or foreign postal code		 -		-540-6720			
Н	Amended	n pending			- 1'	F Group E	•			
Ļ			Walla Walla WA 99362			Number				
G		iting Method:	Cash X Accrual Other (specify) u	H	Check		he organization is not			
!			.wwcommunitycouncil.org		•		Schedule B			
			eck only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	(Form	990, 990-E	Z, or 990-PF).			
		of organization:								
			to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a				1.60 - 1.0			
			re \$500,000 or more, file Form 990 instead of Form 990-EZ				160,742			
P	art I		ue, Expenses, and Changes in Net Assets or Fund Balance							
			f the organization used Schedule O to respond to any question in this							
	1	Contributions,	gifts, grants, and similar amounts received			1	160,691			
	2									
	3	Membership	dues and assessments			3				
	4	Investment in	ncome			4	51			
	5a	Gross amour	nt from sale of assets other than inventory 5a							
	b		other basis and sales expenses 5b							
	С	Gain or (loss) t	5c							
	6	Gaming and fundraising events								
	a	Gross incom	e from gaming (attach Schedule G if greater than							
ē		\$15,000)								
enr	b			of contributions						
Revenue		from fundrais	ing events reported on line 1) (attach Schedule G if the	- 6b						
_			· · · · · · · · · · · · · · · · · · ·							
	C		expenses from gaming and fundraising events 6c							
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	t						
						6d				
	7a		of inventory, less returns and allowances 7a							
	b	Less: cost of								
	c		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8		le (describe in Schedule O)			8				
	9	Total reveni	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	160,742			
	10		similar amounts paid (list in Schedule O)			10				
	11		to or for members			11				
	12	Salaries, other	er compensation, and employee benefits			12	112,391			
ses	13	Professional	fees and other payments to independent contractors			13	4,436			
en	14	Occupancy	rent utilities and maintenance			14	7,138			
Expenses	15	Printing nuh	rent, utilities, and maintenance			15	,,150			
_	16	9.1					20,232			
	17	· · · · · · · · · · · · · · · · · · ·					144,197			
		1				17	16,545			
ţ	18					18	10,545			
Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree wit	(must agree with			121 600			
		•	igure reported on prior year's return)	19	121,690					
Net	20	· · · · · · · · · · · · · · · · · · ·				20	120 025			
	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20		<u></u>	21	138,235			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

35-2327775

Part II	Balance Sheets (see the instructions for Pa Check if the organization used Schedule O to	•	question in this Part II			$\overline{\mathbf{x}}$
	oneski in the organization does delication of the	.copoa to ay		ginning of year		(B) End of year
22 Cash, sav	vings, and investments			124,421	22	139,114
23 Land and				0	23	
	sets (describe in Schedule O)			60	24	1,248
25 Total ass				124,481	25	140,362
	bilities (describe in Schedule O)			2,791	26	2,127
	ets or fund balances (line 27 of column (B) must agree			121,690	27	138,235
Part III	Statement of Program Service Accom		-			
2000	Check if the organization used Schedule O to	• `		´ ==		Expenses
What is the o	organization's primary exempt purpose?				(Red	quired for section
See Sche					l '	(c)(3) and 501(c)(4)
	organization's program service accomplishments for ea	ch of its three large	est program services.		l	anizations; optional for
	by expenses. In a clear and concise manner, describe				othe	• •
	fited, and other relevant information for each program t	•	,			,,,,,
	-h-d-1- 0					
(Grants \$) If this amount includes f				28a	80,824
(Grants \$	•	-			20a	00,024
29						
					00-	
(Grants \$) If this amount includes f	oreign grants, chec	k here	u	29a	
30						
(Grants \$) If this amount includes f	oreign grants, chec	k here	u	30a	
31 Other pro	ogram services (describe in Schedule O)					
(Grants \$) If this amount includes f	oreign grants, chec	k here	u	31a	
32 Total pro	ogram service expenses (add lines 28a through 31a)			u	32	80,824
Part IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to respon	mployees (list each	one even if not compens in this Part IV	sated — see the ii	nstructio	ns for Part IV)
	Officers in the organization used Goriedatic O to respon	(b) Average	(c) Reportable	(d) Heath ben	efits,	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans,	mployee	(e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compe	nsation	other compensation
Damien	Sinnott					
Preside	ent	1.00	0		0	0
Roger 1	Esparza					
	ent-Elect	1.00	0		0	0
Yolanda	a Esquivel					
Secreta	····· · ·· · ·· · ····················	1.00	0		0	0
	Anderson		-			-
Treasur		1.00	0		0	0
	Cannon	1.00	· ·			
Directo		0.50	0		0	0
	Christensen	0.50	0			
		0.50	_		•	,
Directo		0.50	0		0	0
John C			_		_	
Directo		0.50	0		0	0
Brian I						
Directo		0.50	0		0	0
Alex E						
Directo	or	0.50	0		0	0
Dewight	: Hall					
Directo	or	0.50	0		0	0
	Hernandez					
Directo		0.50	0		0	0
Randy						
Directo		0.50	0		0	0

Part II	Balance Sheets (see the instructions for Pa Check if the organization used Schedule O to	•	question in this P	art II				Г
	Shock if the organization assa Schodulo S to	Toopona to arry			inning of year	<u> </u>		(B) End of year
22 Cash, sa	vings, and investments) 22	2	
23 Land and			I) 23	3	
24 Other ass	sets (describe in Schedule O)) 24	4	
25 Total ass) 2	5	
26 Total lial	bilities (describe in Schedule O)) 26	6	
	ets or fund balances (line 27 of column (B) must agree) 27	7	
Part III	Statement of Program Service Accom	•						
	Check if the organization used Schedule O to	respond to any	question in this P	art III		Ц		Expenses
What is the o	organization's primary exempt purpose?					- 1		quired for section (c)(3) and 501(c)(4)
Describe the	organization's program service accomplishments for ea	ch of its three large	est program service	es.		- 1		anizations; optional for
	by expenses. In a clear and concise manner, describe	•		,			othe	•
persons bene	fited, and other relevant information for each program t	itle.						,
28								
						.		
(Grants \$) If this amount includes f	oreign grants, chec	k here		u	28	а	
29						.		
(Grants \$) If this amount includes f	oreign grants, chec	k here		u	29	а	
30								
]		
(Grants \$) If this amount includes f	oreign grants, chec				30	а	
(Grants \$						31	а	
	ogram service expenses (add lines 28a through 31a)					\rightarrow		
Part IV	List of Officers, Directors, Trustees, and Key Er	nployees (list each	one even if not co	mpensa	ated — see the	instru	ıctio	ns for Part IV)
	Check if the organization used Schedule O to respon	(b) Average	(c) Reportable		(d) Heath be	enefits,	,	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-I	MISC)	contributions to benefit plans	emplo s, and	yee	(e) Estimated amount of other compensation
		devoted to position	(if not paid, enter	r -0-)	deferred comp			outer compensation
Kip Ke	lly							
Directo	or	0.50		0			0	1
Chris 1	Kontos							
Directo	or	0.50		0			0	(
Bill No	eve							
Directo	or	0.50		0			0	
Tana Pa								
Directo		0.50		0			0	
Mike Po							Ť	
Directo		0.50		0			0	
Mari P		0.50						'
		0.50		0			^	
Directo		0.50		- 0			0	(
	n Ramsey						_	
Directo		0.50		0			0	(
	eynolds							
Directo		0.50		0			0	1
	Shannon							
Directo		0.50		0			0	(
Mary A	Campbell							
Executi	ive Director	40.00	78,	,000			0	(

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	. 33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	. 35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			٦,
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	. 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			٦,
	during the year? If "Yes," complete applicable parts of Schedule N	. 36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a			37
b	Did the organization file Form 1120-POL for this year?	. 37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			37
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	-		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 <u>u</u>	-		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organizationuu	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		х
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed u WA	40e		_ <u> </u>
41 42a	The experiencies hooks are in early Mary A Campbell Telephone as y 50	9-54	0-6	720
42a	5 W Alder, Suite 335	· · · · · · · · · ·		, 20
	Located et al. Malla Walla	362		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If "Yes," enter the name of the foreign country: u	72.0		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		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
	and enter the amount of tax-exempt interest received or accrued during the tax year u 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?			Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			1
	explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

										Yes	No
46		organization engage, directly or indirectly, in political ca			• • •						
Par		dates for public office? If "Yes," complete Schedule C, Section 501(c)(3) organizations only	Part I				<u></u>		46		X
Га	rt VI	All section 501(c)(3) organizations must answ	er questions 47-	49b and	d 52, and comp	lete the tabl	es for line	s			
		50 and 51.									
		Check if the organization used Schedule O to	respond to any	question	n in this Part VI		<u></u>	<u></u>	<u></u>		,⊔
47	Did the	organization engage in lobbying activities or have a se	ction 501(h) election	n in effe	ct during the tax			1		Yes	No
		"Van " complete Schodule C. Port II			•				47		х
48		rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," com	plete Sc	hedule E				48		Х
49a		organization make any transfers to an exempt non-cha		nization'	?				49a		X
b	,	was the related organization a section 527 organization						ا	49b		<u> </u>
50		te this table for the organization's five highest compen- ses) who each received more than \$100,000 of compe									
	Ciripioyo	who each reserved more than \$100,000 or compe	(b) Average) Reportable	(d) Health		(a) [.			
		(a) Name and title of each employee	hours per week devoted to position	Ċ	ompensation W-2/1099-MISC)	contributions to benefit plan deferred com	employee		stimated er comp		
No	ne										
f		umber of other employees paid over \$100,000			.						
51		te this table for the organization's five highest compension of compensation from the organization. If there is no		contracto	ors who each rece	eived more tha	ın				
	ψ.σσ,σσ	(a) Name and business address of each independent cont			(b) Type	e of service		(c) (Compen	sation	
No	ne										
							_				
	Total nu	umber of other independent contractors each receiving	over \$100,000		<u> </u> 						
52		organization complete Schedule A? Note. All section 5		ons mus	t attach a						
	complete	ed Schedule A					<u></u>	· X	Yes		No
		of perjury, I declare that I have examined this return, including					knowledge a	and beli	ef, it is		
irue, c	oneci, and	d complete. Declaration of preparer (other than officer) is base	ed on all information of	or which p	oreparer has any kn	owieage.					
Sign		Signature of officer			l Da	te					
Here	,	Mary A Campbell			Executive	e Direc	tor				
		Type or print name and title									
		Print/Type preparer's name Pre	parer's signature			Date	Check	if	PTIN		
Paid	=		oora L. Zalazn			11/12/			P000		
Prep	0-1 F	Firm's name } Zalaznik & Associ Firm's address } PO Box 1724	ates, PLL	<u>.</u>		Fi	rm's EIN }	91	-214	ŧΤ0.	12
-J-J-C	J.119	· ···· •	99362			Di	hone no. 5	09-	526-	-568	89
May	the IRS	discuss this return with the preparer shown above? Se		<u> </u>					X Ye	_	No
										. ==	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

			Community (Council			35-232	7775					
P	art I	Reas	on for Public Charit	y Status (All organizations	must co	mplete	this part.) See instruction	IS.					
he	orgar	nization is not	a private foundation because	se it is: (For lines 1 through 11, che	eck only o	ne box.)							
1		A church, cor	nvention of churches, or as	sociation of churches described in	section	170(b)(1)(A)(i).						
2	П	A school des	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	П	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	e:										
5	П	An organization		of a college or university owned or									
	_	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	X	An organization	on that normally receives a	substantial part of its support from	a govern	mental un	it 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 I	l.)								
9	П			(1) more than 33 1/3% of its suppo		ntributions	s, membership fees, and gross						
	_			mpt functions—subject to certain ex									
				and unrelated business taxable inco									
		acquired by the	he organization after June	30, 1975. See section 509(a)(2).	(Complete	Part III.)							
10	П	An organization	on organized and operated	exclusively to test for public safety	. See sec	tion 509(a)(4).						
11	П	An organization	on organized and operated	exclusively for the benefit of, to pe	rform the	functions	of, or to carry out the purposes	of					
	_	one or more	publicly supported organiza	ations described in section 509(a)((1) or sect	ion 509(a	a)(2). See section 509(a)(3). C	heck					
		the box in line	es 11a through 11d that de	scribes the type of supporting orga	nization a	nd comple	te lines 11e, 11f, and 11g.						
а		Type I. A sup	oporting organization opera	ted, supervised, or controlled by its	supporte	d organiza	ation(s), typically by giving						
		the supported	d organization(s) the power	to regularly appoint or elect a major	ority of the	directors	or trustees of the supporting						
	_	organization.	You must complete Part	IV, Sections A and B.									
b	Ш	Type II. A su	pporting organization supe	rvised or controlled in connection w	vith its sup	ported or	ganization(s), by having						
		control or ma	nagement of the supporting	g organization vested in the same p	persons th	at control	or manage the supported						
	_	organization(s	s). You must complete Pa	art IV, Sections A and C.									
С	Ш	Type III fund	ctionally integrated. A sup	porting organization operated in co	onnection	with, and	functionally integrated with,						
	_	its supported	organization(s) (see instru	ctions). You must complete Part	IV, Section	ns A, D,	and E.						
d	Ш	Type III non	-functionally integrated.	A supporting organization operated	in connec	ction with	its supported organization(s)						
		that is not fur	nctionally integrated. The o	rganization generally must satisfy a	distribution	on require	ment and an attentiveness						
		requirement ((see instructions). You mu	st complete Part IV, Sections A a	and D, an	d Part V.							
е	Ш	Check this bo	ox if the organization receiv	ed a written determination from the	IRS that i	t is a Type	e I, Type II, Type III						
		-	•	unctionally integrated supporting or	ganization								
f			of supported organizations										
g			ving information about the	supported organization(s).	1		<u> </u>	Ī					
(e of supported ganization	(ii) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary	(vi) Amount of					
	Oig	gariizatiori		(described on lines 1–9 above or IRC section	_	ment?	support (see instructions)	other support (see instructions)					
				(see instructions))			,						
					Yes	No							
A)													
B)													
C)													
						1							
D)													
						1							
E)													
_	_												

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	, , , , , , , , , , , , , , , , , , , ,		, ,	,	,	
Caler	ndar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,243	288,699	78,457	79,443	161,311	727,153
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 5	Total. Add lines 1 through 3 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	119,243	288,699	78,457	79,443	161,311	727,153
_	shown on line 11, column (f)						394,700
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support						332,453
	ndar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	119,243	288,699	78,457	79,443	161,311	727,153
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,766	830	118	1,071	51	4,836
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 VI.)						
11	Total support. Add lines 7 through 10					_	731,989
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2014 (line 6,	column (f) divided b	y line 11, column (f))		14	45.42 %
15	Public support percentage from 2013 Sched	dule A, Part II, line 1	14			15	38.13 %
16a	33 1/3% support test—2014. If the organize	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more, chec	ck this	_
	box and stop here. The organization qualif	ies as a publicly su _l	pported organizatio	n			► <u>X</u>
b	33 1/3% support test—2013. If the organize						
	check this box and stop here. The organize						▶ ∟
17a	10%-facts-and-circumstances test—201	-					
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac	cts-and-circumstance	es" test. The organ	ization qualifies as	a publicly supporte	ed	, _
	organization						▶ ∟
b	10%-facts-and-circumstances test—201	-				ne	
	15 is 10% or more, and if the organization				-		
•	Explain in Part VI how the organization me supported organization					•	> [
18	Private foundation. If the organization did instructions						▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(a) 2010	(3) 2011	(0) 2012	(4) 2010	(6) 2011	(i) rotar
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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						. L
	tion C. Computation of Public Su					T T	
15	Public support percentage for 2014 (line 8,						<u>%</u>
16	Public support percentage from 2013 Sched					16	%
	tion D. Computation of Investme			(f))		47	0/
17 10	Investment income percentage for 2014 (lin		1 1: 47			40	<u>%</u>
18 19a	Investment income percentage from 2013 3 3 1/3% support tests—2014. If the organ						%
1 3 d	17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests—2013. If the organ	•					F L
~	line 18 is not more than 33 1/3%, check this			•		•	▶□
20	Private foundation. If the organization did		-				·········· •

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4 a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	10b		
(Form		or 000 E	EZ) 2014
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
		,		
2 A	activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All								
other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year					
		(71) 1 1101 1 1001	(optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1 Aggregate fair market value of all non-exempt-use assets (see								
instructions for short tax year or assets held for part of year):								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other								
factors (explain in detail in Part VI):								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d	3							
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,								
see instructions).	4							
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6 Multiply line 5 by .035	6							
7 Recoveries of prior-year distributions	7							
8 Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount			Current Year					
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2 Enter 85% of line 1	2							
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4 Enter greater of line 2 or line 3	4							
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to								
emergency temporary reduction (see instructions)	6							
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see								

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpose	es						
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations						
4	Amounts paid to acquire exempt-use assets	<u> </u>						
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organization							
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
a								
b								
С								
d								
e	From 2013							
f	Total of lines 3a through e							
a	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
	Carryover from 2009 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section							
-	D, line 7:							
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a								
b								
с								
d	Excess from 2013							
_	Evoses from 2014							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (F	orm 990 or 990-EZ) 2	2014 Comm i	ınıty	Council			35-2327775	Page 8
Part VI	Supplemental	Information.	Provide 1	the explanat	ions required by	Part II, line 10;	Part II, line 17a or	17b; and
	Part III, line 12.	. Also comple	te this pa	rt for any ac	<u>lditional</u> information	<u>on. (See instru</u>	ctions.)	
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

 ${f u}$ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Community Council 35-2327775

escription		Amount			
xpenses					
Dues	\$	135			
Office Expense	\$	1,664			
Taxes and Licenses	\$	50			
Website (Inkind \$7,984)	\$	125			
D&O Insurance	\$	1,802			
Bank Charges	\$	94			
Fundraising (Inkind \$150)	\$	653			
Outreach (Inkind \$791)	\$	4,070			
Study Exp (Inkind \$9,569)	\$	11,021			
Training	\$	369			
Non-investment Depreciation	\$	249			
Tot	al \$	20,232			
orm 990-EZ, Part II, Line 24 - C	other As	ssets			
escription		Beg	. of Year	End	of Year
ccounts Receivable		\$	60	\$	250
otebook & Software	\$	0	\$	1,247	
Less Accumulated Depreciation	\$	0	\$	249	
		Total \$	60	\$	1,248
orm 990-EZ, Part II, Line 26 - C	Other L	iabilities			

Name of the organization

Community Council

35-2327775

Accounts Payable and Accrued Expenses \$ 2,791 \$ 2,127

Form 990-EZ, Part III - Primary Exempt Purpose

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.

Completing its sixth year, Community Council's impact continues to grow through outreach to, and engagement of, citizens in its citizen-driven study/action model for community improvement!

Community Council's role is community-building-bringing people together to learn about their community, identifying common needs, interests and challenges; engaging in problem solving; and acting to make positive change through advocacy. Since 2008, Community Council's study process has provided the structure to deal with pressing concerns. Public involvement enables the process to be used time and again to meet multiple challenges. Studies and advocacy efforts are engaging our communities with social issues that affect students' educational attainment, with enhancing the

Form 990-EZ, Part III, Line 28 - First Accomplishment

Name of the organization

Community Council

Employer identification number

35-2327775

economic vitality of the region, with reducing gang membership, with improving citizen-government communication, with improving food security, and with enhancing outdoor recreation opportunities.

STUDY PROCESS COMMITTEES: PROGRAM, STUDY, AND IMPLEMENTATION

Program Committee

The committee, which reviews all of the submitted study topics ideas, winnowed the many issues before them to two potential study topics for the Community Council Board's adoption. The Board adopted Enhancing Outdoor Recreation Opportunities. The framing question for the topic is: "How can we promote, enhance, and develop outdoor recreational opportunities and accessibility to improve the region's quality of life and economic vitality?"

Study Committee: Enhancing Outdoor Recreation Opportunities

Community Council's region, from Dayton to Burbank, and Milton-Freewater to
the Snake River, is rich with natural resources and enjoys seasonal weather
patterns that support a variety of recreational uses. Local community
members as well as visitors may benefit from the far-reaching benefits of
strong outdoor recreation options. These include: physical and mental
health benefits; a stronger sense of community identity and stewardship;
and social, educational, and business opportunities. The Committee heard
from various experts on the challenges and opportunities of different
aspects of outdoor recreation, including environmental, economic, community
and individual health. Its work continues into 2015. The Committee's Study
Report will be released and celebrated in late spring.

Name of the organization

Community Council

35-2327775

Study Committee: Improving Food Security

The Study Committee met weekly from mid-January to mid-June, celebrating their work and the release of the Study Report at a luncheon on November 6th. The Study Committee heard from farmers, food distributors, local food banks, county health departments, those offering services to seniors and the needy, school nutrition programs, churches, Salvation Army, community action councils, and others. The Committee developed recommendations, including: the performance of a statistically sound study to determine the food security needs in the region; the development of milestones, thresholds, and targets to measure the effectiveness of methods in increasing food security; the creation and retention of living wage jobs; and the establishment, promotion and funding of programs that help to strengthen community and neighborhood networks that include cooking and food education classes, meal sharing, community gardening, and gatherings. The complete Study Report, including all of the recommendations is on our website: www.wwcommunitycouncil.org.

Implementation Task Force: Improving Food Security

The Task Force continues to gather members and to identify community organizations whose missions align with the recommendations from the study.

The Task Force will work with those organization to facilitate their implementation of the recommendations.

Implementation Task Force: Improving Communication between Citizens and Government

This small but dedicated and energetic Task Force is in the final year of its work. The Task Force members have looked at various governmental

Name of the organization

Community Council

Employer identification number

35-2327775

websites, read budgets and other documents, attended public meetings, and visited with many public employees and officials. They have learned about creative ways governmental entities are trying to better communicate with their constituents. The full Study Report, including the recommendations the Task Force is working on can be found on Community Council's website: www.wwcommunitycouncil.org. The results of the Task Force's advocacy will be celebrated at the Full Circle Celebration in the fall.

Jubilee Leadership Academy Mini-Study

Rick Griffin, director of Jubilee Leadership Academy, who served as the
Gang Prevention Study Committee chair, incorporated a modified study
process into the program for his students at Jubilee Leadership Academy, a
residential school for young men, located near Prescott. School
administrators and faculty guided the students through a practical
application of the process. The student-selected topic was "How can helping
youth speak up about bullying reduce bullying in our schools?" They
completed the study phase of the process and moved into the
implementation phase in 2014. Students earned academic credit, gained
confidence in their ability to affect community decision-making, and found
gratification in making a difference in their community.

INDICATORS

Community Council's Board of Directors continues to work towards obtaining
a dynamic indicators system that meets the needs of the community. An
indicators system - a means to measure outcomes and look at trends - is
the fourth piece of Community Council's study process.

Name of the organization	Employer identification number								
Community Council	35-2327775								
OUTREACH									
Community Council's social on May 19th at Foundry Vineyards attracted over									
100 people. Over 290 people attended the Improving Food Security Study									
Report Luncheon on November 6th at the Marcus Whitman Hotel to celebrate									
the work of the Study Committee and the release of the Study Report. At									
least 60 of the attendees had never before been involved in, or aware of,									
Community Council.									
	Dans 5 of 5								

Form **4562**

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Identifying number

179

(99) Name(s) shown on return

Community Council 35-2327775 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2014 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (e) Convention (f) Method (a) Classification of property (business/investment use (a) Depreciation deduction service only-see instructions) 19a 3-year property 1,247 200DB 5.0 HY 249 5-year property 7-year property 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property MM S/L 27.5 yrs. MM Nonresidential real S/I 39 vrs. MM S/L Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-vear 12 vrs. S/I 40-year 40 yrs. S/I Summary (See instructions.) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 249 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	GDS Property: Notebook & Software	1/16/14 _	1,247 1,247	- -	1,247 1,247	5 HY 200DB	0 0	249 249
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers - =	1,247 0 0 1,247		1,247 0 0 1,247		0 0 0	249 0 0 249