

# 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)

- } Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form.  
} The organization may have to use a copy of this return to satisfy state reporting requirements.

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**A For the 2012 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_****B Check if applicable:**

- Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization****Community Council**

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

**P O Box 2936****D Employer identification number****35-2327775**

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

**Walla Walla WA 99362****E Telephone number****509-540-6720****F Group Exemption  
Number** **G Accounting Method:**  Cash  Accrual Other (specify) **u** \_\_\_\_\_**I Website:** **u** [www.wwcommunitycouncil.org](http://www.wwcommunitycouncil.org)**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527**H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).****K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.****L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** **u \$ 78,574****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received ..... 2 Program service revenue including government fees and contracts ..... 3 Membership dues and assessments ..... 4 Investment income ..... 5a Gross amount from sale of assets other than inventory ..... b Less: cost or other basis and sales expenses ..... c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ..... 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) ..... b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ..... c Less: direct expenses from gaming and fundraising events ..... d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ..... 7a Gross sales of inventory, less returns and allowances ..... b Less: cost of goods sold ..... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ..... 8 Other revenue (describe in Schedule O) ..... <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ..... ►	1 <b>78,456</b> 2 3 4 <b>118</b> <b>5c</b>  6a  6b 6c  7a 7b  7c 8 <b>9 78,574</b>
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) ..... 11 Benefits paid to or for members ..... 12 Salaries, other compensation, and employee benefits ..... 13 Professional fees and other payments to independent contractors ..... 14 Occupancy, rent, utilities, and maintenance ..... 15 Printing, publications, postage, and shipping ..... 16 Other expenses (describe in Schedule O) ..... <b>17 Total expenses.</b> Add lines 10 through 16 ..... ►	10 11 <b>12 107,583</b> 13 <b>862</b> 14 <b>6,652</b> 15 <b>12,294</b> 16 <b>13,833</b> <b>17 141,224</b>
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) ..... 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) ..... 20 Other changes in net assets or fund balances (explain in Schedule O) ..... <b>21 Net assets or fund balances at end of year. Combine lines 18 through 20</b> ..... ►	18 <b>-62,650</b> <b>19 232,952</b> 20 <b>21 170,302</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments .....	<b>235,113</b>	22	<b>172,974</b>
23 Land and buildings .....	0	23	
24 Other assets (describe in Schedule O) .....	0	24	
<b>25 Total assets</b> .....	<b>235,113</b>	25	<b>172,974</b>
<b>26 Total liabilities</b> (describe in Schedule O) .....	<b>2,161</b>	26	<b>2,672</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	<b>232,952</b>	27	<b>170,302</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	<u>See Schedule O</u> .....			
	.....			
	(Grants \$ ) If this amount includes foreign grants, check here .....	<input type="checkbox"/>	28a	<b>73,901</b>
29	.....			
	.....			
	(Grants \$ ) If this amount includes foreign grants, check here .....	<input type="checkbox"/>	29a	
30	.....			
	.....			
	(Grants \$ ) If this amount includes foreign grants, check here .....	<input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) .....			
	(Grants \$ ) If this amount includes foreign grants, check here .....	<input type="checkbox"/>	31a	
<b>32 Total program service expenses</b> (add lines 28a through 31a) .....		<input type="checkbox"/>	<b>32</b>	<b>73,901</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jean H. Adams Director	1.00	0	0	0
Vicky McClellan Director	1.00	0	0	0
Mary A. Campbell Director	1.00	0	0	0
Sandra Cannon Director	0.50	0	0	0
Larry Craig Christensen President-Elect	1.00	0	0	0
John Cress Treasurer	1.00	0	0	0
Harvey Crowder Director	0.50	0	0	0
Brian Dohe Secretary	1.00	0	0	0
Yolanda Esquivel Director	0.50	0	0	0
Mari Sanders Director	0.50	0	0	0
Kip Kelly Director	1.00	0	0	0
Bill Neve Director	1.00	0	0	0

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments .....	0	22
23 Land and buildings .....	0	23
24 Other assets (describe in Schedule O) .....	0	24
<b>25 Total assets</b> .....	<b>0</b>	<b>25</b>
<b>26 Total liabilities</b> (describe in Schedule O) .....	<b>0</b>	<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	<b>0</b>	<b>27</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

(Grants \$ ) If this amount includes foreign grants, check here u  28a

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 (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here u  31a**32 Total program service expenses** (add lines 28a through 31a)  32**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Marlene Ramsey Director	0.50	0	0	0
Tana Park Director	1.00	0	0	0
Thomas Sawatzki President	5.00	0	0	0
David Shannon Director	0.50	0	0	0
Jay Turner Director	1.00	0	0	0
J Patricia Yenney Director	0.50	0	0	0
Julie T Reese Executive Director	50.00	66,000	12,000	0
Damien Sinnott Director	2.00	0	0	0
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Part V 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	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, 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 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	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were 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	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	39c	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <b>u</b> _____ ; section 4912 <b>u</b> _____ ; section 4955 <b>u</b> _____		
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 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
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	40e	X
41 List the states with which a copy of this return is filed <b>u</b> <b>WA</b>		
42a The organization's books are in care of <b>u</b> <b>Julie T Reese</b> Telephone no. <b>u</b> <b>509-540-6720</b>		
5 W Alder, Suite 335	WA	ZIP + 4 <b>u</b> <b>99362</b>
Located at <b>u</b> <b>Walla Walla</b>	WA	ZIP + 4 <b>u</b> <b>99362</b>
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: <b>u</b> _____	42b	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <b>u</b> _____	43	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <b>u</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 47  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  Yes  No

b If "Yes," was the related organization a section 527 organization? 49b  Yes  No

50 Complete this table for the organization's 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				
.....				
.....				
.....				
.....				
.....				

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

51 Complete this table for the organization's 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		
.....		
.....		
.....		
.....		
.....		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶  Yes  No

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 <b>Julie T. Reese</b> <small>Type or print name and title</small>		Date
			<b>Executive Director</b>
Paid Preparer Use Only	Print/Type preparer's name <b>Debora L. Zalaznik</b>	Preparer's signature <b>Debora L. Zalaznik</b>	Date 09/29/13
			Check <input type="checkbox"/> if self-employed PTIN <b>P00078888</b>
	Firm's name } <b>Zalaznik, Moore &amp; Associates, PLLC</b> Firm's address } <b>PO Box 1724 Walla Walla, WA 99362</b>		Firm's EIN } <b>26-3386223</b> Phone no. <b>509-526-5689</b>

May the IRS discuss this return with the preparer shown above? See instructions. ▶  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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—Non-functionally integrated  
 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**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 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) 2012</b>	<b>(f) Total</b>
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	148,665	106,545	119,243	288,699	78,457	741,609
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 <b>Total.</b> Add lines 1 through 3 .....	148,665	106,545	119,243	288,699	78,457	741,609
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) .....						
6 Public support. Subtract line 5 from line 4. ....						519,919
						221,690

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) 2012</b>	<b>(f) Total</b>
7 Amounts from line 4 .....	148,665	106,545	119,243	288,699	78,457	741,609
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,931	4,076	2,766	830	118	9,721
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 <b>Total support.</b> Add lines 7 through 10 .....						751,330
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test—2012.</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 .....	<input type="checkbox"/>	
b <b>33 1/3% support test—2011.</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 .....	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2012.</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 .....	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2011.</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 .....	<input type="checkbox"/>	
18 <b>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 .....	<input type="checkbox"/>	

**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 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 .....						
<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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		► <input type="checkbox"/>

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

Community CouncilEmployer identification number  
**35-2327775****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
Adv & Outreach (In-kind 4380)	\$ 4,236
Taxes and Licenses	\$ 40
Office Expense	\$ 4,862
Dues	\$ 655
Website	\$ 1,313
D&O Insurance	\$ 2,149
Annual Meeting	\$ 259
Training	\$ 319
<b>Total</b>	<b>\$ 13,833</b>

**Form 990-EZ, Part II, Line 26 - Other Liabilities**

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,161	\$ 2,672

**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

Name of the organization

Community Council

Employer identification number

35-2327775

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.

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

Community Council's role is community-building-bringing people together to identify common needs, interests and challenges; to frame potential solutions; and to act collectively, to seek partners, and to build collaborations. Since Community Council's formal organization in 2008, its study process has provided the structure to deal with pressing concerns, and 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 economic vitality of the region, with reducing gang membership, and with improving citizen-government communication.

2012 was a period of consolidation and strengthening for Community Council. In addition to continuing the study-action process, the board of directors, committees and staff focused on organizational longevity by increasing the Council's financial stability, by promoting regional awareness of the study process and its results, and by working toward making the indicator website a useful public resource and a tool for measuring the effectiveness of the study process.

**STUDY PROCESS**

Name of the organization

Community Council

Employer identification number

35-2327775

**Implementation Task Force: Value-Added Agriculture** Chairman Mark James and task force members Sandra Cannon, Jennie Dickinson, Elizabeth Humphrey, Randy James, and John Mathwich wrapped up the advocacy for Value-Added Agriculture study recommendations with their final report to the public, November 7. Their final report documented action on 11 recommendations. These efforts ranged from centralizing access to historic crop information and resources, to gathering the region's economic development leaders for meetings with officials of the Economic Development Administration and economic development districts and marketing councils, to recruiting a lead agency for third party certification, and more. The full report is available at [www.wwcommunitycouncil.org](http://www.wwcommunitycouncil.org).

**Implementation Task Force: Reducing Gang Membership through Prevention** The 2011-12 study has served as a catalyst for discussions about a unified approach to dealing with gangs in this region. Co-chairs Jim Sporleder and Julia Leavitt and task force members Charlotte Bounta, Tim Copeland, Federico Diaz, Allison Davis-Gingell, Guy Gingell, Mark Higgins, Stan Hughes, Dorothy Knudson, Sarita McCaw, Larry Mulkerin, Eloise Phillips, Jose Quijano, Ted Richerzhagen, and Damien Sinnott have completed the first of two years' advocacy for measures to prevent gang membership. The study has been the catalyst for discussions about a unified approach to dealing with gangs in this region. One goal is to establish a group that will continue to focus on preventing gang membership after the Community Council task force wraps up in 2013.

**2012-13 Study Committee: Improving Communication among Citizens and Government**

Name of the organization

Community Council

Employer identification number

35-2327775

Douglas Carlsen is leading the region's fourth study. Study Committee members include: Punkey Adams, Christian Bell, Nancy Butler, Linda Eki, Cindy Godard-Gross, Aubrey Hill, Carolyn Keyes, Ted Koehler, Sarita McCaw, R.L. McFarland, Linda Moats, Skip Nichols, Ralph Perkins, Bart Preecs, Damien Sinnott, Dick Swenson, Jay Turner, Bob Withycombe, Robert Zagelow. City, county, port, and school district officials and state legislators have provided information about communication challenges and successes. Research into citizen experiences, the role of the media, and best practices will continue in 2013.

#### Enhancing the Educational Attainment of Our Region's Children

Community Council spends two years advocating for the implementation of recommendations developed with each study. After the Council's task force disbands, community members continue the work. A number of projects started by the first implementation task force (2009-11) are still being addressed by community leaders. Medical providers are still working together to find ways to meet the need for more psychiatric services in the region. Walla Walla Public Schools (WWPS) and Blue Mountain Action Council have resolved legal and privacy issues so that the free and reduced lunch form can facilitate the matching of families who need social services with agencies that provide them. WWPS, with the help of Whitman College students, has completed a sex education curriculum survey.

#### INDICATORS

Walla Walla Regional Vital Signs is Community Council's dashboard of quality of life data. A committee chaired by Harvey Crowder is working to make this tool useful for the public and for measuring the effectiveness of

Name of the organization

Community Council

Employer identification number

35-2327775

the study process. Representatives of 10 entities in Walla Walla and Columbia counties have expressed interest in creating a combined set of community indicators and an annual community discussion based upon the data gathered. This project continues.

#### PROGRAM DEVELOPMENT

Spring socials were held at Nine Trees Inn in Milton-Freewater and at Foundry Vineyards in Walla Walla.

170 Full Circle Celebration attendees applauded accomplishments of the second three-year study cycle.

Get acquainted with Community Council events were held in Dayton, Touchet, Prescott, Waitsburg, and Burbank.

Gatherings were held at the homes of Janet Ockerman and Joe Sowers of Touchet and Ann and Norm Passmore of Dayton and at schools in Waitsburg and Prescott.

Walla Walla County Sheriff John Turner graciously invited us to be part of the September Sheriff's Roundtable in Burbank. At each, board and staff answered questions about the study process and listened as community participants suggested topics for study and brainstormed ways they can play meaningful roles in the process.

The following heightened Community Council's visibility in the region:

Mark James and Douglas Carlsen appeared separately on KUJ's Walla Walla

Name of the organization

Community Council

Employer identification number

35-2327775

Live; Douglas was interviewed on KVEW-TV's morning show. The Times of Waitsburg featured Community Council. A guest column and letters to the editor appeared in the Walla Walla Union Bulletin. The Milton-Freewater and Walla Walla Valley Chambers of Commerce provided excellent coverage.

Community Council's website, [www.wwcommunitycouncil.org](http://www.wwcommunitycouncil.org), provides access to study committee and implementation reports, and general information about the study-action process, governance and mission. It has also been useful to those wishing to submit suggested study topics.

Study and implementation reports were sent to media, community leaders and elected officials, funders, study speakers, study committee members and Community Council members.

To help explain the study process and its potential, an appealing and information-laden marketing piece was developed for use at events and as an accompaniment to presentations and funding requests.

Individuals and groups addressing community issues often mention Community Council. For example, Steven VanAusdle, Walla Walla Community College, complimented the Value-Added Agriculture study at a reception for the Washington Economic Development Commission. Research and analysis by Community Council serves as a reference for government and community leaders.