

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

SCANNED WAR \$ 1 2017.

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)

2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

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

A	For the	2011 cale	ndar year, or tax year beginning , 2011, and en	nding			, 20		
В	Check if a	applicable	C Name of organization Walla Walla Community College Foundation			D Employe	r identification number		
	Address	change	Doing Business As			91-1207033			
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room	n/suite		E Telephon	e number		
_	Initial retu	-	500 Tausick Way		509-527-4207				
$\bar{\sqcap}$	Terminate		City or town state or country and ZIP + 4			_			
\Box	Amended		Walla Walla, WA 99362			G Gross red	ceipts \$ 1334187 61		
$\overline{}$		on pending	F Name and address of principal officer Douglas Bayne		H(a) is this		or affiliates? Yes V No		
_	. тррост.		500 Tausick Way, Walla Walla, WA 99362			II affiliates inc			
I Tax-exempt status									
 J	Website ²	•	<u> </u>	•	H(c) Grou	p exemption	number ▶		
			✓ Corporation Trust Association Other ► L Year of for	rmation			of legal domicile WA		
_	art I	Summ							
				e purp	ose of the	wwcc Fo	oundation is to serve		
			f-raising arm of the college Significant activities include capital campaig						
če			ilding, vehicle repair and sales. Leases of facilities and vehicles to the c						
nar			Training, verifice repair und suies Ecoses of Identities und verificies to the c	onege					
ver	2	Chack th	us hav ut the arganization discontinued its 000 at the arganization	adiate	poro-thai	25% of u	te nat accate		
Activities & Governance	3	Number	is box ► _ if the organization discontinued its operations or dispose of voting members of the governing body (Part VI, line wat C F V	ΪĎ	.,0,0,11101	3	18		
જ	4	Number	of independent voting members of the governing body (Part VI line)	161	أ , , ¬	4	0		
ties	5	Total num	mber of individuals employed in calendar year 2611 (Party), line 2a)	10)	RS-OSC	5	<u></u>		
₹	6	Total nun	mber of individuals employed in calendar year confi (Fative) interests in	112		6	200		
Ac	1		nber of volunteers (estimate if necessary)		12	7a			
	1			R 15-	7=	7a 7b	9924.00 -16997 76		
	b	Net unrei	lated business taxable income from Form 990 T, line 4	11	Palor Y		Current Year		
		O a a d a da a d	As an end enable (Ded MR) has the						
ne			tions and grants (Part VIII, line 1h)			05460 50	538315 97		
Revenue	1	~	service revenue (Part VIII, line 2g)		326057.65	394842 47			
æ	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)		527321 52	-27448 46			
	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,		212217 70	79974 03		
		·	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>'</u>	21	71057 37	985684.01		
	1		nd similar amounts paid (Part IX, column (A), lines 1–3).			0	0		
	i		paid to or for members (Part IX, column (A), line 4)		0		0		
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	'		0	0		
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			0	0		
×	b		draising expenses (Part IX, column (D), line 25) 390089 75	_					
ш,	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		 	967071 94	825375 34		
	1	· · ·	penses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		51995 24	1215465 09		
	+	Revenue	less expenses Subtract line 18 from line 12			119062 13	-229781.08		
sets or				Beg	inning of C		End of Year		
Sset	20		sets (Part X, line 16)	<u> </u>	83	327220 31	7725651 34		
Net Asse Fund Bal	21		pilities (Part X, line 26) .	<u> </u>	3	88804 60	17016.71		
		Net asse	ts or fund balances Subtract line 21 from line 20		79	38415 71	7708634 63		
P	art II	Signat	ture Block						
			ary. I declare that I have examined this cettin, including accompanying schedules and s				ly knowledge and belief, it is		
tru	e correct	, and compl	lete Declaration of proparer (other than efficer) is based on all information of which pre-	parer ha	s any know	iledge			
			Journ I saym			23H	B 2012		
Sig	gn	Sign	nature of officer	. ~	0 - D	ate Davis			
He	ere	I C	JOUGIAS L. DAYNE TIRE	CIDR	201	KESO	urce Exturn		
		Туре	e or print name and title						
Dء	nid	Print/Ty	pe preparer's signature	Date		Check	PTIN		
	epare:	r l				self-emp			
			name ►		Fire	m's EIN ▶			
US	se Only	y	accoress ►			one no			
Ma	y the IR		s this return with the preparer shown above? (see instructions)				Yes No		
				at No	11282Y		Form 990 (2011)		
٠.		icuu	The state of the coparate mentioner.	at 110					

917

7

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1			· ·
•	To support Walla Walla Community College's mission to provide a positive environment for	r learning by providing fun	ds for
	buildings, program support, student scholarships, and faculty support for professional de		
	55, p. 55, s. 55		
2		n were not listed on the	
	prior Form 990 or 990-EZ?	[ີ Yes ☑ No
	If "Yes," describe these new services on Schedule O		
3			_
	services?	[☐Yes ☑No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three la expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trus		
	grants and allocations to others, the total expenses, and revenue, if any, for each prog		the amount of
	grante and anosations to others, the total expenses, and reventes, if any, for each prog	ram comos roportos	
4a	la (Code.) (Expenses \$ 115004 including grants of \$) (Revenue \$	170589)
	Provide funds for WWCC to conduct an Early Learning Coalition for those in Walla Walla C	ounty who need early inter	vention to
	keep them in the educational system.		
4b) (Revenue \$	93629)
	Annual Summer Musical to raise scholarship funds for the students of Walla Walla Commu	ınity College.	
			·
			·
			·
	(O) / (F) / (F	\ /D	207707 \
4c) (Hevenue \$	36//2/)
	Annual fund drive mailing campaign to raise funds for students scholarships for attendance	se at walla walla communi	y Conege.
4d	d Other program services (Describe in Schedule O.)		
4d	d Other program services (Describe in Schedule O.) (Expenses \$ 239582 including grants of \$) (Revenue \$	353739)	

Part IV	Checklist	of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	7		•
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0_		
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		✓
Ü	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	V	√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	10 to 200, or with digamentation attach a copy of the address mandation of this feture.	200		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		\
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A). line 2º If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	***	49	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
••	Part VI	37	 	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38		1

	90 (2011)			Page 5
Pari	·			
	Check if Schedule O contains a response to any question in this Part V		г	\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . [1b] (4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16	5		
b	, , , , , , , , , , , , , , , , , , , ,	2b	√ _	ļ
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- '	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	/	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	l
	account)?	4a	į	1
b	If "Yes," enter the name of the foreign country: ▶	-4a	 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
D	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	42 44 7 44		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a	-	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	15,123	200	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		12.	
	and services provided to the payor?	7a	├	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	 -	<u></u>
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	$\overline{}$	学规划	100
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_ ' : **3x 7e	922	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1 -	†
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	· -
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Take i	, -	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	, .		
	organization, have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.	reside to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2:15
a	Did the organization make any taxable distributions under section 4966?	9a	ļ	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Vege 1	27.7
10	Section 501(c)(7) organizations. Enter:	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter	-	5	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
''a	Gross income from members or shareholders		-	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)		1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	ļ
	Note. See the instructions for additional information the organization must report on Schedule O		1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-		
14a	Enter the amount of reserves on hand	44-	 	├ ─
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Schedule O contains a response to any question in this Part VI								
Secti	on A. Governing Body and Management								
	, , , , , , , , , , , , , , , , , , ,		Yes	No					
1a	1a Enter the number of voting members of the governing body at the end of the tax year								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	.	√ ~					
3	3 Did the organization delegate control over management duties customarily performed by or under the direc supervision of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓					
6 7a	6 Did the organization have members or stockholders?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	1	ĺ					
b	Each committee with authority to act on behalf of the governing body?	8b	✓						
9									
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co							
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	_	1					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. ,		,					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		√					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13 14 15	Did the organization have a written whistleblower policy?	13		✓					
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	- · ·					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	A.	ميلو د و د	'					
b	with a taxable entity during the year?	16a		√					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-						
	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed Washington Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c)(3)s	only)					
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year	f intei	est p	olicy,					
20	State the name, physical address, and telephone number of the person who possesses the books and records organization Gary Inman 500 Tausick Way, Walla Walla, WA 99362 509-527-4207	of the	:						

Form	990 (2011)	١

Page 7

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

Check if Schedule O contains a response to any question in this Part VII.

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Uneck this box if neither the organization no	r any relate	a orga	anız	auo	ırı Ç	ompe	nsa	ited any curren	it onicer, airector	, or trustee
				((
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than o						Reportable	Reportable	Estimated
	hours per	er officer and a director/trustee)						compensation	compensation from	amount of
	week (describe	육등	Į,	♀	<u>چ</u>	육	Fo	from the	related organizations	other compensation
	hours for	dire	ŧ.	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the
	related organizations	ctor	tion		plc	/ee	7	(W-2/1099-MISC)		organization and related
	in Schedule	Individual trustee or director	<u>a</u>		Key employee	Ē	ļ)		organizations
	O)	tee	Institutional trustee			Highest compensated employee	ĺ			ı
	ļ		ָר ח			ted				
(1) William Acey							ļ			I
President				✓						
(2) Dianna Woolley		İ			ļ	l			İ	! •
Vice President				✓						
(3) Bill Jordan		!						[
Secretary/Treasurer				✓		ļ 	ļ			
(4) Punkey Adams		ĺ				ĺ		İ	!	
Board Member		✓	<u> </u>					 		
(5) Jeffrey Broom	1	İ				ĺ		ĺ		
Board Member		✓								<u></u>
(6) Carol Clark		1				ļ			į	
Board Member		✓		_						
(7) Chris Gardea	1					-		{	[
Board Member		√		ļ	<u> </u>		ļ			
(8) Mike Gillespie	-					ļ				
Board Member		✓			<u> </u>		<u> </u>			
(9) Gary Hughes	-								ļ	ŗ
Board Member		✓								
(10) Zedell Jackson					1				ļ	
Board Member		✓								
(11) Gales Kımball						}				
Board Member		✓					<u> </u>			
(12) Bert Obenland						ļ				
Board Member		✓	_		_	<u> </u>				
(13) Mike Pettyjohn										
Board Membe		✓		 	<u> </u>					
(14) Cindy Purcell										
Board Member	}	/])	ļ	1	}	;	1

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (co	<u>ntınue</u>	ed)		
	(A) Name and title	(B) Average	DON GINDOG POICOITIO						Reportable compensation	·		(F) Estimated		
	·	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former		compensation from related organizations (W-2/1099-MIS)		amount of other compensation from the organization and related organization:	1	
(15) C	aire Siegel													
	Member		/		ļ			_						
	arren Talbott		,								1			
	Member	···	✓		ļ			-						
2	ordon Venneri I Member		1								-			
	ountas Bayne		Ľ		-			_			+			
32	or, Resource Development	1	ĺ			1		1	ł		ł			
(19)	· · · · · · · · · · · · · · · · · · ·													
						<u> </u>					\perp			
(20)		<u> </u> 												
(21)				_										
(22)						-								
(23)											+			
(0.4)				ļ							\dashv			
(24)			i				}	ĺ	-					
(25)		-		-										
1b	Sub-total	<u></u>	L		<u>L</u> .	i	l	▶	0		0		0	
c	Total from continuation sheets to Part					•		•	0		0		0	
d	Total (add lines 1b and 1c)							•	. 0		0		0	
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ted	above	e) w	nho received m	ore than \$100	,000	of		
												Yes	No	
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	•	-				•	emp	oloyee, or high	nest compens	ated	12. 21.22 2. 2		
4	For any individual listed on line 1a, is the							.n. a	· ·	· soncation from	a tha	3	-	
4	organization and related organizations												, .	
	individual				,			-,				4	1	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	ıdual	5	1	
Section	on B. Independent Contractors								<u> </u>				1	
1	Complete this table for your five highest compensation from the organization. Rep												ax	
	year.							Γ	(B)			(C)		
NIA.	Name and business add	lress						_	Description of s	services		Compensation		
NA							•	-						
			-					+						
			_					-						
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part	VIII	Statement of Reve	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns		1a					
iran	b	Membership dues .		1b				i	
g ğ	c	Fundraising events		1c	182490 28		j	J	
ar l	d	Related organizations	3	1d					
S, E	е	Government grants (con		1e					
rS	f	All other contributions, gi	ifts, grants,						
the		and similar amounts not inc	cluded above	1f	355825.69				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	ded in lines 1a	-1f S		-			,
	h	Total. Add lines 1a-1	f		. ▶	538315.97	,		<u> </u>
age					Business Code				~ **
evel	2a	Catering			722320	9924.00		9924.00	
e Pě	b	Vehicle & Home Sales				384918.47			384918 47
zi.	C								
Program Service Revenue	q				-				
	е	A.I							
rog	f	All other program sen				394842.47			<u> </u>
<u>a</u>	3	Total. Add lines 2a-2 Investment income		dvada		394042.47			
	3	and other similar amo	`	dividi	ends, interest,	· -27448 46	-27448 46		
	4 Income from investment of tax-exempt bond pro				-27440 40	-27446 40			
	5	5 1		•	ind proceeds				
	3	noyames	(ı) Real		(ii) Personal				, g,
	6a	Gross rents .	1220	04.00	56390.80			ع نبد النبي الرابع الما يا يا يا النبي الرابع الما يا يا يا يا يا يا يا يا يا يا يا يا يا	
	b	Less rental expenses		7.99	835 97	و آن ویروس ویروس پر ساست	工程的基本的	> 15 ii.	
	C	Rental income or (loss)	1219	96 01	55554 83		alegan de la companya	in b =- u Tang nem	
	d	Net rental income or (L			177550.84	177550 84	-	A SAMPLE AND SAME
	7a	Gross amount from sales of	(ı) Securit		(II) Other		THE PARTY OF THE P	100	AL STATEMENT AND A
		assets other than inventory					الم المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة	4 4 4	
	b	Less cost or other basis and sales expenses				· ·		The state of the s	
	С	Gain or (loss)					and the		TO LINE FOR THE PARTY.
	d	Net gain or (loss) .			>				
ine	8a	Gross income from fu	ındraısıng			-	- 1		
Ven		events (not including \$				12	m A		and the state of t
Re		of contributions reporte	ed on line 1	c).		3 3 4 4 2 2	المحد الم محد	•	35.42
ē		See Part IV, line 18 .	•	а	237482 62		96	,	, , , , , , , , , , , , , , , , , , ,
Other Reven	b	Less: direct expenses	S	. b	347659.64		The state of the s		1 6 14 24 14 14 14 14 14 14 14 14 14 14 14 14 14
		Net income or (loss) f			events . ►	-110177.02	THE PARTY OF THE P		-110177.02
	9a	Gross income from ga	aming activi	ties.		·		\ 51	
		See Part IV, line 19 .		· a			· "你是你看看一个		32-1-7-1
	b	Less direct expenses		. b					- 15 May 10 -
	С	Net income or (loss) f	-	-	vities ▶	<u> </u>			
	10a	Gross sales of in	•	less					
		returns and allowance		a					
	b	Less cost of goods s		b					
	<u>c</u>	Net income or (loss) f		of inv	entory ► Business Code				
	44-	MISCEIIANEOUS H	evenue		Busiless Code		,		
	11a						-		
	b								
	d	All other revenue				12600 21	12600.21		
	e	Total. Add lines 11a-	11d		. •	12600.21			
	12	Total revenue. See in			>	985684 01	 	9924.00	274741 45

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D),	

<u>-</u>	Check if Schedule O contains a respon	se to any question	in this Part IX		
	ot include amounts reported on lines 6b, 7b, p, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			, , , , , , , , , , , , , , , , , , ,	
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.				*
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			Young the first	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b	Management				
c d e	Lobbying Professional fundraising services. See Part IV, line 17			TA , - 1 T	
f g 12	Investment management fees Other	27391.29	27391.29		
13 14	Office expenses	1105.52 7191 98	1105 52 7191.98		
15 16 17	Royalties	112500.00 2602 44	112500.00 2602.44		
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.	1108 05	1108 05		
20 21	Interest	1100 03	1100 00		
22 23	Depreciation, depletion, and amortization . Insurance	87904.14 16807.41	87904.14 16807.41		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b c	STATEMENT 1	958854.26	568764 51		390089.75
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1215465 09	825375 34		390089 75
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

	art X	Balance Sneet			
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	167675 98	1	277623 74
	2	Savings and temporary cash investments	460745 65	2	310737 70
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12400 00	4	44126 52
S	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	-	6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	452000 60	8	134873 06
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	. 4		Carlos Carlos
		other basis. Complete Part VI of Schedule D 10a 2367552.48		EN ARTH	63 - A
	b	Less: accumulated depreciation . 10b -579074.31	1853695.37	10c	1788478 17
	11	Investments – publicly traded securities	5380701 71	11	5169812 15
	12	Investments—other securities. See Part IV, line 11 .		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets	·····	14	
	15	Other assets. See Part IV, line 11		15	ļ
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8327220.31	16	7725651 34
	17	Accounts payable and accrued expenses	388804.60		17016 71
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	ļ
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	13>14'>
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	Marie Carlotte Control of the Contro
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	388804 60		17016.71
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	***	N MATA
au	27	Unrestricted net assets	5252215 86	27	5348213.97
3a	28	Temporarily restricted net assets	2686199.85	28	2360420 66
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.	,	tal to	sample v
ts (30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Net	33	Total net assets or fund balances	7938415.71	33	7708634 63
_	34	Total liabilities and net assets/fund balances	8327220.31	34	7725651 34

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			9856	B4 01
2	Total expenses (must equal Part IX, column (A), line 25)		1	21540	65.09
3	Revenue less expenses Subtract line 2 from line 1			2297	B1.08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		_ 7	9384	15 71
5	Other changes in net assets or fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
_	column (B))	,	7	7086	34 63
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 📝 Accrual 🔲 Other		ſ		*5
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in	-		÷.
	Schedule O			Í	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2	a		✓
b	Were the organization's financial statements audited by an independent accountant?		b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	· 1			ı
	of the audit, review, or compilation of its financial statements and selection of an independent accounta-		c		
	If the organization changed either its oversight process or selection process during the tax year, explain	וח וח	- {	l	-
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year v	vere		l	
	issued on a separate basis, consolidated basis, or both.			٠. ا	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		• •	J. 16	`
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in	İ		
	the Single Audit Act and OMB Circular A-133?		a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		b		
		ı	Form	990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	of the organization					·		Employer i	dentification	number		
_	a Walla Community					· · · · · ·			91-120			
Pa			arity Status (All orga						instructio	ns.		
1 2 3 4	A church, con A school desc A hospital or a A medical res	vention of churce or ibed in section or cooperative he earch organizati	ation because it is (Foches, or association of 170(b)(1)(A)(ii). (Attaospital service organization operated in conjunts	churche ch Sched ation des	s describi lule E) cribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)((A)(iii).		iii). Ente	er the	
5	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)									ed in		
6 7	☐ An organization	on that normally	rnment or government receives a substantia (A)(vi). (Complete Pai	al part of	escribed ii its suppo	n sectior ort from a	1 70(b)(1 a governi	1)(A)(v). mental ui	nit or from	the ge	neral p	oublic
8	☐ A community	trust described	in section 170(b)(1)(A)(vi). (Coi	mplete Pa	art II)						
9	An organization receipts from support from	on that normally activities relate gross investme	receives (1) more that and to its exempt funct ent income and unre after June 30, 1975 So	an 33:/₃% ∷ons—su lated bu:	% of its sibject to d siness ta	upport fro certain ex xable inc	xceptions	s, and (2 ss sectio) no more	than 3	31/3%	of its
11	An organization purposes of constant 509(a)(3). Che a Type I	on organized a one or more puleck the box that	d operated exclusively nd operated exclusively blicly supported organizer describes the type of Type II contact the organization	ely for the nizations supporting Type	ne benefi describe ng organia III-Funct	t of, to it d in sect zation an ionally in	perform ion 509(a d comple tegrated	the funct a)(1) or sete lines 1	tions of, cection 509 11e throug)(a)(2) S h 11h Type I	See se II–Othe	e ction er
f	other than fou or section 509	indation manag (a)(2)	ers and other than on	e or more	e publicly	support	ed organ	izations (described	ın secti	on 509	9(a)(1)
g	organization, o Since August	check this box 17, 2006, has t	the organization accep							e III Sul	σοιτιι	
h	(iii) below, (iii) A family m (iii) A 35% cor	who directly or the governing b ember of a pers atrolled entity of	indirectly controls, eithody of the supported ion described in (i) about a person described in	organizat ove [?] n (i) or (ii) :	above?		persons	describe	d in (ii) and	11g(ı) 11g(ı) 11g(ı))	No
	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	organization sted in your document?	the organ	ou notify lization in of your	organiza (i) organi	Is the tion in col ized in the S ?		Amount o	of
			(see instructions))	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)					-							
(D)												
(E)												
Total	1											

Page 2 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)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1440025	1254162	1717140	505461	538316	5455104
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	14400025	1254162	1717140	505461	538316	5455104
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		· · - · · · · · · · · · · · · ·				5455104
$\overline{}$	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1440025	1254162	1717140	505461	538316	5455104
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	357761	-768668	585062	619253	-31745	761663
9	Net income from unrelated business activities, whether or not the business is regularly carried on	18137	20462	-11393	-7863	-16998	2345
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	207411	254339	165553	178058	178395	983756
11	Total support. Add lines 7 through 10		77500	- 33.A	Figure 19.7		7202868
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) ► □
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6	* *	•	1, column (f))	•	14	75 7 %
15 16a	Public support percentage from 2010 Sch 33 ¹ / ₃ % support test—2011. If the organization			on line 12 and	Huno 14 is 221	15 or more, ch	73.5 %
IVa	box and stop here. The organization qua				11116 14 15 33 7	376 OF HIOTE, CI	► ✓
b	331/3% support test – 2010. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or		15 is 33 ¹ /3%	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b 10	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization means and in Part IV how the organization means apported organization.	tion meets the leets the "facts	facts-and-cil: and-circumst-	rcumstances" ances" test T	test, check th he organizatio	ns box and st on n qualifies as a	and line pp here publicly
18	Private foundation. If the organization di instructions				i, or 17b, chec	n inis dox and	▶ []
							

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.)

Secti	on A. Public Support					<u>, ,</u>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts grants contributions, and membership fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. ,	
	received (Do not include any "unusual grants ")		ĺ		1		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an			<u>-</u> -			
J	unrelated trade or business under section 513		1				
4							
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						1
_ ′	organization without charge				-		
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3		į				ļ
	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						1
	or 1% of the amount on line 13 for the year	_					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1				
	line 6)		<u> </u>				
	on B. Total Support			,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		Ï				
	payments received on securities loans, rents,						
	royalties and income from similar sources						<u> </u>
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 IV.)				1		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2011 (line 8	3, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sch	nedule A, Part	III, line 15			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (line 10c, colui	nn (f) divided b	y line 13, colu	mn (f)) .	17	%
18	Investment income percentage from 2010		` '	•		18	%
19a	331/3% support tests-2011. If the organ				nd line 15 is m	nore than 331/3	% and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organiz						_
	line 18 is not more than 331/3% check this						
20	Private foundation. If the organization di		-				

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).	
Part II, Line	e 10	
Net of rent	al of buildings & lease of vehicles to Walla Walla Community College.	
	······································	
	······································	
	······	
	,	
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name o	f the organization		Employer identification number
Walla	Walla Community College Foundation		91-1207033
Par		r Advised Funds or Other Similar Fund orm 990, Part IV, line 6	ds or Accounts. Complete if the
	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and o	donor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subjec-		
6	Did the organization inform all grantees, don only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or fo	t funds can be used or any other purpose
Par	II Conservation Easements. Comp	lete if the organization answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., romain Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	ecreation or education)	a certified historic structure n in the form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease		2b
С	Number of conservation easements on a cert		
d	Number of conservation easements include	ed in (c) acquired after 8/17/06, and not o	on a
	historic structure listed in the National Regist		L
3	Number of conservation easements modified tax year ►	I, transferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to o		
5	Does the organization have a written poli-		pection, handling of
	violations, and enforcement of the conservation	ion easements it holds?	· · · · ·
6	Staff and volunteer hours devoted to monitor •	ring, inspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, i	inspecting, and enforcing conservation ease	ments during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization rep balance sheet, and include, if applicable, the organization's accounting for conservation ea	ports conservation easements in its revenue text of the footnote to the organization's fina	and expense statement, and
Part		ctions of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted und		revenue statement and balance sheet
	works of art, historical treasures, or other s		
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements that	t describes these items
b	If the organization elected, as permitted un works of art, historical treasures, or other spublic service, provide the following amounts	similar assets held for public exhibition, ed	
	(i) Revenues included in Form 990, Part VIII,	line 1 .	. > \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of following amounts required to be reported un		assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line	a 1	▶ \$

b Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Otl	ner Similar Ass	ets (continued)
.3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of the	e follow	ring that are a sig	gnificant use of its
а	☐ Public exhibition		d	🗌 Loan	or exchang	e progr	ams	
b	☐ Scholarly research		е	Othe	r			
С	☐ Preservation for future generations	3						
4	Provide a description of the organization	tion's collections	and expla	in how t	hey further t	the org	anization's exemi	ot purpose in Part
	XIV		,		-	_		
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tre	easures	s, or other similar	
_	assets to be sold to raise funds rather							☐ Yes ☐ No
Pari	IV Escrow and Custodial Arra							
ı aı ı	line 9, or reported an amoun	_	•	-	jarnzanori e	11100001	04 100 10101	,,, 000, r are re,
1a	Is the organization an agent, trustee				or contributi	ons or	other assets not	
10	included on Form 990, Part X?	, custodian or or		-				☐ Yes ☐ No
							• •	res No
b	If "Yes," explain the arrangement in P.	an XIV and comp	iete the ic	illowing t	abie:		1	nount
								
C	Beginning balance			•		1c	 	
d			•			1d	 	
е	Distributions during the year				•	1e		
f	Ending balance			•	•	11	<u> </u>	
2a	Did the organization include an amount		Part X, line	217 .				🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P.							
Par	t V Endowment Funds. Compl	ete if the organi						
		(a) Current year	(b) Pro	or year	(c) Two years	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .		<u></u>					
b	Contributions							
С	Net investment earnings, gains, and	-					-	7 73 3 4 2 7 6
	losses					[× 3 44 1
d	Grants or scholarships							
е	Other expenditures for facilities and		<u> </u>					-
	programs					Ì		JE 18 1
f	Administrative expenses						·····	1828
g	End of year balance		<u> </u>		 			57.27 (M.C.)
2	Provide the estimated percentage of t	he current vear e	nd balanc	e (line 1c	column (a))) held a	as:	
a	Board designated or quasi-endowmen	nt 🕨	%	· (,, 00.0 (4)	,, .,		
b	Permanent endowment	%						
c		/0						
Ç	The percentages in lines 2a, 2b, and 2		00%					
3a	Are there endowment funds not in the			zation th	at are held :	and adı	ministered for the	
ou	organization by:	5 possession of t	ine organi		at are note t	una aai	Thribtorod for the	Yes No
	•							3a(i)
	(i) unrelated organizations		•		•	-		
	(ii) related organizations				 D0			3a(ii)
b 4	If "Yes" to 3a(II), are the related organ					•		3b
4	Describe in Part XIV the intended uses							
Part								
	Description of property	(a) Cost or o			or other basis other)		Accumulated preciation	(d) Book value
		(IIIVESII	nem)	,,,			p. colation	
1a	Land				29500.00			29500 00
b	Buildings				1956740.27		303587.00	1653153.27
С	Leasehold improvements							
d	Equipment				381312.21		275487.31	105824.90
е	Other							
otal.	Add lines 1a through 1e (Column (d) n	nust equal Form (990, Part)	K, columi	n (B), line 10)(c))	. ▶	1788478 17

Part VII Investments - Other Securities	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related	J. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		The state of the s	Transact Acres acres
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part	urt V Juno 15	THE STATE OF THE S	The state of the s
	a) Description		(b) Book value
_ 	7 Description		(S) Deen value
(1) (2)		·····	
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)		>
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Book value	A STATE OF THE STA	The state of the s
(1) Federal income taxes		a Table State of a second of a	
(2)			•
(3)			
(4)] - / 、	÷ .
(5)			
(6)]	•
(7)] ·	-
(8)]	, ,
(9)]	
(10)		_	
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		L	
2. FIN 48 (ASC 740) Footnote In Part XIV, provide	the text of the footnote to	the organization's financial sta	atements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

6	an	e	
	au	ᄬ	3

Schedule D	1 (Form	aanı	2011
ocneonie i	, 1501111	9901	2011

	VI D :: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:			- raye 4
	Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Staten		
,1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	985684.01
2	Total expenses (Form 990, Part IX, column (A), line 25)	• • •	2	1215465.09
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-229781.08
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4 through 8		9	200704.00
10	Excess or (deficit) for the year per audited financial statements. Combine		10	-229781.08
	XII Reconciliation of Revenue per Audited Financial Stateme			
1	Total revenue, gains, and other support per audited financial statements		1	985684.01
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	0-		
a	Net unrealized gains on investments	2a 2b	-	
b	Donated services and use of facilities	20 2c	-	
C	Recoveries of prior year grants	2d	\dashv	
ď	Other (Describe in Part XIV.)	Zu _	ر ⊢	
e	Add lines 2a through 2d	. , .	3	
3	Subtract line 2e from line 1		3	003004 01
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.0	-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	\dashv	
b	Other (Describe in Part XIV)	40	٦,	
с 5	Add lines 4a and 4b		40	
Part			_1	
	Total expenses and losses per audited financial statements	iente Antii Exhenses l	1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		 '	1213403.03
	Donated services and use of facilities	20		
a		2a 2b	┥	-
b	Prior year adjustments	2c		
c d	Other (Describe in Part XIV).	2d	-	
e	Add lines 2a through 2d	Zu	1 2€	<u>.</u>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u>-</u>	1210 100.00
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIV.)	4b	\dashv	
	Add lines 4a and 4b	<u> </u>	- 40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
Part				12.10.100.00
Part \	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, dditional information.			

Schedule D (For	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
•		
	ı	
	•	
	<u> </u>	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Employer identification

Department of the Treasury Internal Revenue Service Name of the organization

Walla	Walla Community College Founda	tion				91-	1207033
Par	Fundraising Activities.				vered "Yes" to F	orm 990, Part IV, I	ine 17.
	Form 990-EZ filers are r	<u>`</u>	<u>. </u>	<u>-</u>	<u>-</u>		
1	Indicate whether the organization Mail solicitations	on raised funds		_	_		
a					ion of non-govern	•	
b	Internet and email solicitation	ns			ion of governmen	_	
C	✓ Phone solicitations		g ⊻	Special	fundraising events	5	
d	✓ In-person solicitations						
2a	Did the organization have a wri						
L	or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or	entities (tun	araisers) pi	ursuant to agreen	nents under which th	e fundraiser is to be
	compensated at least \$5,000 by	rine organizatio	JII.				
		T	1		T		1
	(i) Name and address of individual	GD A struct.		draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in col (i)	(or retained by) organization
			Yes	No			
1			103	10	-		
•							
2		-					
_			İ				
3			ļ		 		
4							
5				-			
6			İ				
				<u> </u>			
7							
				-			
8							
9			 				
•							
10		_					
		·		1			
Γotal				▶			
3	List all states in which the orga	nization is regis	stered or lic	ensed to s	olicit contribution	s or has been notifie	ed it is exempt from
	registration or licensing.	-					·
Wash	ington and Oregon				•		
							•••
 -							

Schedule G (Form 990 or 990-EZ) 2011 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events

•			Summer Musical (event type)	Booster Club (event type)	Entwine (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts	93629	25838	192292	311759
œ		contributions			77250	77250
	3	Gross income (line 1 minus line 2)	93629	25838	115042	234509
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			43807	43807
Direc	8	Entertainment			65780	65780
	9	Other direct expenses .	104840	25852	96294	226986
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), a	nd line 10		(336573) -102064
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		ed "Yes" to Form 99	O, Part IV, line 19, or I	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses	2/		0/1	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		()
	8	Net gaming income summary	/. Combine line 1, colun	nn d, and line 7		
	a is		perate gaming activities	in each of these states		Yes No
	Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . Yes No b If "Yes," explain:					

cneau	ile G (FORTH 990 OF 990-EZ) 2011	Page 3
11 12	Does the organization operate gaming activities with nonmembers?	☐ Yes ☐ No
	formed to administer charitable gaming?	☐ Yes ☐ No
13	Indicate the percentage of gaming activity operated in:	_,
a	The organization's facility	
b 44		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name	
	Address ▶	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	nber of a partnership or other entity
С	If "Yes," enter name and address of the third party:	
	Name	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).	
	·····	
	•••••	
	·	

Federal Statements Statement 1 - Form 990, Part IX, Line 24a -Other Functional Expenses

Descriptions	Total Expenses	Program Mgt & Service General		Fund- Raising	
Fundraising expense	390,089 75			390,089 75	
Expenses					
Hospitality	13,577 68	13,577 68			
Recognition	960 68	960 68			
Maintenance	1,105 81	1,105.81			
Taxes	468 03	468 03			
Scholarships	365,948 65	365,948 65	1		
Grant expenditures	123,919 99	123,919 99			
Program Support	54,604 66	54,604 66			
Misc	8,179 01	8,179 01			
TOTAL	958,854.26	568,764.51	-	390,089.75	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization Walla Walla Community College Foundation 91-1207033 Part III Line 4d. The Foundation provides additional funding for student scholarships from various events conducted through the year. It also provides funds for major building programs for Walla Walla Community College. It also leases vehicles to the College as well as buildings for classroom study in various disciplines.