



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



Short Form Return of Organization Exempt From Income Tax

2016

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

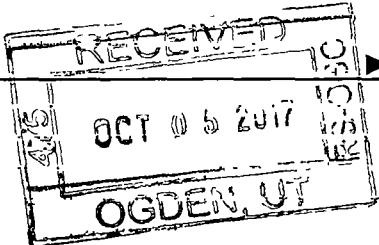
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017										
B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ECONOMIC DEVELOPMENT COALITION</td> <td>D Employer identification number 33-0428745</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 43200 BUSINESS PARK DRIVE</td> <td>E Telephone number 951-694-9800</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code TEMECULA, CA 92590</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization ECONOMIC DEVELOPMENT COALITION		D Employer identification number 33-0428745	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 43200 BUSINESS PARK DRIVE		E Telephone number 951-694-9800	City or town, state or province, country, and ZIP or foreign postal code TEMECULA, CA 92590		F Group Exemption Number ▶
C Name of organization ECONOMIC DEVELOPMENT COALITION		D Employer identification number 33-0428745								
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 43200 BUSINESS PARK DRIVE		E Telephone number 951-694-9800								
City or town, state or province, country, and ZIP or foreign postal code TEMECULA, CA 92590		F Group Exemption Number ▶								
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).									
I Website: ▶ WWW.EDCSOUTHWESTCALIFORNIA.COM										
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other										
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 157,043.										

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

	1 Contributions, gifts, and similar amounts received				
	2 Program service revenue including government fees and contracts				
	3 Membership dues and assessments			92,019.	
	4 Investment income		SEE SCHEDULE O	17.	
Revenue	5a Gross amount from sale of assets other than inventory				
	5b Less: cost or other basis and sales expenses				
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6 Gaming and fundraising events				
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)				
	6b 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)		65,007.		
	6c Less: direct expenses from gaming and fundraising events		17,391.		
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				47,616.
	7a Gross sales of inventory, less returns and allowances				
	7b Less: cost of goods sold				
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8 Other revenue (describe in Schedule O)					
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			139,652.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)				
	11 Benefits paid to or for members				
	12 Salaries, other compensation, and employee benefits			24,552.	
	13 Professional fees and other payments to independent contractors			71,875.	
	14 Occupancy, rent, utilities, and maintenance				
	15 Printing, publications, postage, and shipping			4,344.	
	16 Other expenses (describe in Schedule O)		SEE SCHEDULE O		31,178.
	17 Total expenses. Add lines 10 through 16				131,949.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			7,703.	
	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)			6,478.	
	20 Other changes in net assets or fund balances (explain in Schedule O)		SEE SCHEDULE O	-6,195.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20				7,986.



SCANNED OCT 6 2017

11
P

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	45,082.	22	35,766.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	446.	24	2,406.
25 Total assets	45,528.	25	38,172.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	39,050.	26	30,186.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,478.	27	7,986.

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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 PROVIDE A CLEAR AND UNITED VOICE OF THE EDC'S ECONOMIC DEVELOPMENT EFFORTS. BE THE "ONE VOICE" ADVOCATE OF THE PUBLIC/PRIVATE SECTOR IN PURSUIT OF ECONOMIC GROWTH. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
DONALD W. MURRAY PRESIDENT	2.50	0.	0.	0.
RICK GLASSMAN PAST PRESIDENT	1.00	0.	0.	0.
SUZANNE LINGOLD 1ST VICE-PRESIDENT	1.00	0.	0.	0.
DIANE STRAND EXECUTIVE OFFICER	1.00	0.	0.	0.
KIM JOSEPH COUSINS DIRECTOR	0.60	0.	0.	0.
TOM DEMOTT DIRECTOR	0.50	0.	0.	0.
JANN GENTRY DIRECTOR	0.50	0.	0.	0.
JEREMY GOLDMAN DIRECTOR	0.50	0.	0.	0.
DONALD W. HITZEMAN 2ND VICE-PRESIDENT	0.60	0.	0.	0.
RANDON LANE DIRECTOR	0.50	0.	0.	0.
KARI MCFALL DIRECTOR	0.50	0.	0.	0.
ROBERT MORAN EXEC COMMITTEE DESIGNEE	0.70	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 Sch. O to respond to any question in this Part V [X]

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
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)
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, and section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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	Yes	No
		46	X

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 Sch. C, Part II	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?	Yes	No
		49a	
49b		Yes	No
		49b	

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	(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
N/A				

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." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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]* Date 8/29/17
DOUG MCALLISTER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name GREGORY J. PRUDHOMME, CPA	Preparer's signature <i>[Signature]</i>	Date <u>8/23/17</u>	Check <input type="checkbox"/> if self-employed	PTIN P00234525
	Firm's name PRUDHOMME ASSOCIATES CPAS, INC.			Firm's EIN 27-2758510	
	Firm's address 43460 RIDGE PARK DRIVE, SUITE 220 TEMECULA, CA 92590			Phone no. (951) 676-3131	

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	(d) Total events (add col. (a) through col (c))	
		GOLF TOURNAMENT (event type)	SOAR (event type)	NONE (total number)		
Revenue	1	Gross receipts	46,260.	18,747.		65,007.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	46,260.	18,747.		65,007.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	17,391.			17,391.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				17,391.
	11	Net income summary. Subtract line 10 from line 3, column (d)				47,616.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entry formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c 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 Mandatory distributions

- a 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

ECONOMIC DEVELOPMENT COALITION

Employer identification number

33-0428745

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	17.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL SERVICES	334.
DUES AND SUBSCRIPTIONS	366.
BANK FEES	1,734.
OFFICE SUPPLIES	1,996.
PAYROLL TAXES	1,464.
TAXES & LICENSE	539.
TELEPHONE	2,710.
TRAVEL	3,520.
ADVERTISING	3,693.
COMPUTER	180.
ANNUAL AWARDS	7,789.
CONFERENCE AND TRAINING	2,818.
LEGAL FEES	1,976.
INSURANCE	2,059.
TOTAL TO FORM 990-EZ, LINE 16	31,178.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
PRIOR PERIOD ADJUSTMENT	-6,195.

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.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

ECONOMIC DEVELOPMENT COALITION

Employer identification number

33-0428745

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE	446.	0.
ACCOUNTS RECEIVABLE	0.	2,406.
TOTAL TO FORM 990-EZ, LINE 24	446.	2,406.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUES	39,050.	24,100.
ACCOUNTS PAYABLE	0.	6,086.
TOTAL TO FORM 990-EZ, LINE 26	39,050.	30,186.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ACTIVELY PROMOTE
ECONOMIC DEVELOPMENT IN SOUTHWEST RIVERSIDE COUNTY WHILE WORKING WITH
VARIOUS CITIES, THE COUNTY OF RIVERSIDE AND THE LOCAL CHAMBERS OF
COMMERCE.**

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

**ESTABLISH, PROTECT, AND REFLECT HIGH STANDARDS OF QUALITY
ECONOMIC DEVELOPMENT.**

**STIMULATE AND ASSIST BUSINESS GROWTH, EXPAND JOB OPPORTUNITIES AND
ENHANCE THE COMPETITIVE POSITION OF SOUTHWEST CALIFORNIA.**

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

**CREATE TASK FORCES NEEDED TO CARRY OUT ESSENTIAL ECONOMIC
DEVELOPMENT ACTIVITIES. PROVIDE AND CULTIVATE THE**

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ECONOMIC DEVELOPMENT COALITION

Employer identification number
33-0428745

LEADERSHIP NECESSARY TO SUSTAIN THE PUBLIC/PRIVATE
PARTNERSHIP.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDE AND CULTIVATE THE LEADERSHIP NECESSARY TO SUSTAIN THE
PUBLIC/PRIVATE PARTNERSHIP.

ANNUAL GOLF TOURNAMENT FUNDRAISER TO HELP FINANCE THE ORGANIZATION'S
PROMOTION OF LOCAL AREAS; QUARTERLY LUNCHEON MEETINGS ARE HELD TO
INFORM INTERESTED MEMBERS OF THE ORGANIZATION AND THE GENERAL PUBLIC OF
THE ORGANIZATION'S ACTIVITIES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization ECONOMIC DEVELOPMENT COALITION	Employer identification number 33-0428745
---	---

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for 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
ROXANNE ROUNTREE				
DIRECTOR	0.50	0.	0.	0.
ROGER SCHULTZ				
DIRECTOR	0.50	0.	0.	0.
BRANDON SUDWEEKS				
DIRECTOR	0.50	0.	0.	0.
AARON ADAMS				
EXEC COMMITTEE DESIGNEE	0.70	0.	0.	0.
DR. BILLIE BLAIR				
EXEC COMMITTEE DESIGNEE	0.70	0.	0.	0.
KEN CARLISLE				
EXEC COMMITTEE DESIGNEE	0.70	0.	0.	0.
GARY NORDQUIST				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
GREGORY J. PRUDHOMME				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
JEFF WYMAN				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
GRANT YATES				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
TERRI DELHAMER				
SECRETARY	1.00	0.	0.	0.
MICHAEL FENCEL				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
KEITH JOHNSON				
DIRECTOR	0.50	0.	0.	0.
CHRISTINA MCMENAMIN				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
RICK DUDLEY				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
CARROLL ERISTHEE				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
PETER BAKER				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
JEFF KRAUS				
DIRECTOR	0.60	0.	0.	0.
CONNIE LYNCH				
DIRECTOR	0.60	0.	0.	0.
KAREN ROBERTS				
EXEC COMMITTEE DESIGNEE	0.60	0.	0.	0.
CHRIS JOHNSON				
DIRECTOR	0.60	0.	0.	0.
KEITH KRZEWSKI				
TREASURER	0.60	0.	0.	0.
ROBERT ROSENSTEIN				
DIRECTOR	0.60	0.	0.	0.
BERNDARD TRUAX II				
DIRECTOR	0.60	0.	0.	0.