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~ JUN 2 5 2010

990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

OMB No. 1545-1150

Department of the Treasury

_		0000						20
_				or tax year beginning , 2009, and e				, 20
	Check of ap	``	Please use IRS	C Name of organization		D Employer identification number		
=	Address c	=	label or	Southwest Washington Center for the Arts	20-0598676			598676
=	Name cha	-	print or	Number and street (or P O box, if mail is not delivered to street address) Roor	n/suite E	Telepho	one numb	per
	Initial retui Terminate		type. See	P.O. Box 5151,	360-254-8886			:54-8886
H	Amended		Specific	City or town, state or country, and ZIP + 4		F Group Exemption		
=		n pending	Instruc- tions.	Vancouver, WA 98668	[*	Numb	•	tion.
=		-						10
	• Seci	uon 50 1(c)(3)	-	ations and 4947(a)(1) nonexempt charitable trusts must attach npleted Schedule A (Form 990 or 990-EZ).		_		Cash
						pecify)		
							•	anization is not
	Nebsit			thearts.com	-			dule B (Form 990,
<u>J 1</u>	ax-exe	mpt status (check of	nly one) — 🗹 501(c) (c3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	990-EZ,	or 990	PF).	
K	Check 🕨	► 🗌 ıfthı	e organi	zation is not a section 509(a)(3) supporting organization and its gross rece	epts are no	rmaliy ne	ot more	than \$25,000. A
	Form 99	90-EZ or Form	n 990 ret	rum is not required, but if the organization chooses to file a return, be su	re to file a	complet	e retum	i.
LA	Add lines	s 5b, 6b, and 7	b, to line	9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of	Form 990-E	z ►	\$	13771.00
Р	art I	Revenu	е, Ехр	enses, and Changes in Net Assets or Fund Balances (S	See the ir	nstruct	ions fo	or Part I.)
	1	Contributio	ons, aift	s, grants, and similar amounts received			1	13764.00
	2		_	evenue including government fees and contracts		·	2	
	3	•		and assessments		'	3	
	4	Investment	•			'	4	7.00
	1					' ' ⊢	*	7.00
	5a			· · · · · · · · · · · · · · · · · · ·				
	b			r basis and sales expenses			_	
0	С	•	•	sale of assets other than inventory (Subtract line 5b from line 5	•		5c	
5	6			vities (complete applicable parts of Schedule G). If any amount is from gaming, cl	neck nere ►	\Box		
Revenue	а	Gross reve	nue (no	of contributions of contributions				
æ	reported on line 1)							
	b	Less: direc	t exper	ses other than fundraising expenses				
	C	Net income	e or (los	s) from special events and activities (Subtract line 6b from line 6	ia)	🖳	6c	
	7a	Gross sale	s of inv	entory, less returns and allowances				
	b	Less: cost	of good	is sold				
	c	Gross prof	it or (lo:	ss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other reve	nue (de		7) [8	
	_ 9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . RECEIVED .	.	. ▶ _	9	13771.00
	10				<u> </u>		10	
	11				SI		11	
S	12	Salaries, of	ther co	Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι	ίδŀ		12	14272.70
ış	13			and other payments to independent contractors	<u> </u>	⊢	13	
Expenses	14	_		utilities, and maintenance OGDEN; UT			14	1570.18
ŭ	15			ons, postage, and shipping		· -	15	417.85
	16	Printing, publications, postage, and shipping						525.
	17	•	•	Add lines 10 through 16			16 17	16785.73
	18	Excess or ((deficit)	for the year (Subtract line 17 from line 9)	<u></u>	-	18	3014.73
ě	19			d balances at beginning of year (from line 27, column (A)) (mus			· <u>·</u>	
SS				reported on prior year's return)			19	8053.38
Net Assets	20			net assets or fund balances (attach explanation)		_	20	
ž	21		-	· · · · ·			21	5038.65
Р	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or more				
				(See the instructions for Part II.)	(A) Begini			(B) End of year
22	Ca	sh savings	and in	vestments	# # 35g	<u> </u>	3.38 22	5038.65
23		nd and build		· · · · · · · · · · · · · · · · · · ·	<u> </u>	3033	23	
24		her assets (•	_			24	
25		ner assets (etal assets .)		2052	38 25	5038.65
26		ital liabilitie:				3033	26	
27				alances (line 27 of column (B) must agree with line 21)		8052	3.38 27	
_					at No. 1064			om 990-EZ (2009)
. ••		,	F	····	at 110. 1004.	<u>~</u> 1		J 444 (E003)

69

Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses							
What is the organization's primary exempt purpose? To build a performing arts center							
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						
	ner, describe the services provided, the number of					izations and section (a)(1) trusts, optional	
	program title.	•				hers)	
	Part time staff to provide project management and o	utreach			 		
20							
	(Grants \$) If this amount	includes foreign grants, chi	ock hore	▶ □	28a	16785.73	
29			•		200	10100.10	
25							
	(Grants \$) If this amount		29a				
30			234				
30							
	/O				00-		
	(Grants \$) If this amount				30a		
31	Other program services (attach schedule)						
		includes foreign grants, che			31a	46705 70	
	Total program service expenses (add lines 28a				32	16785.73	
Par	V List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contributio		·	
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &		
		devoted to position	enter -0)	deferred compe	nsation	other allowances	
)gden	2 hrs	_			_	
	NE 88th Court, Vancouver, WA 98662		0		0	0	
	n Courtney 301 West 45th Street	1 1					
Vano	ouver, WA 98660		0		0	0	
	Christensen	1					
P.O.	Box 28, Vancouver, WA 98666		0		0	0	
	h Willson, AlA],					
2300	Main Street, Vancouver, WA 9866	<u> </u>	0		0	0	
Lesli	e Durst],					
1105	SE Chelsea Ave, Vancouver, WA 98664	<u> </u>	0		0	0	
Jean	Hix],					
3507	NW 17th Ave, Camas, WA 98607		0		0	0	
Stev	Horenstein .	1					
500 E	ast Broadway, Vancouver, WA 98660		0		0	0	
Stev	Stuart						
P.O.	Box 5000, Vancouver, WA 98666]'	0		0	0	
Dan	Tonkovich						
8071	E Mill Plain Blvd #258, Vancouver, WA 98661	11	0		0	0	
Arler	ne Johnson, Executive Director	00.60					
P.O.	Box 5151, Vancouver, WA 98668	20 for 6 mo	14272.70		0	0	
		1					
		1					
	••••••••••••••••••••••••	1					
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		<u> </u>			-		
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-				· · · · · · · · · · · · · · · · · · ·			
	•						

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
•		,	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ь	Did the organization file Form 1120-POL for this year?	37ь		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1 !		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
_	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior			1
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Washington			
42a		360-25		5
_	Located at ► 1220 Main Street, Suite 410 Vancouver, Wa ZIP + 4 ►	986	60	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	,	Vee	N-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country:	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		-	
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\Box		
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		√
	F-1-		-E7	(0000)

Pa	OA.	4

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt cha	exempt cha ritable trusts	ritable trusts only. must answer ques	All sections 46	tion 3–49b
	Did the organization engage in direct or indirect				,	Yes No
	candidates for public office? If "Yes," complete				46	√
	Did the organization engage in lobbying activities				47	√
	Is the organization a school as described in section				48	├
	Did the organization make any transfers to an ex				49a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ь	If "Yes," was the related organization a section 5 Complete this table for the organization's five h	52/ organization?		boo officers director	49b	oo ood ko
50	employees) who each received more than \$100,	000 of compensation from	n the organiza	tion. If there is none,	enter "N	es and key lone."
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens		s& (e)	Expense count and allowances
None						
		1				
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			-		
					1	
	Total number of other employees paid over \$10		None			
None	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type of service	(c) Co	mpensation
						
					li .	
					ļ	
d	Total number of other independent contractors	each receiving over \$100,	000 ▶	None	•	
d	Total number of other independent contractors Under penalties of penury, I declare that I have examin	ed this return, including accomp	anying schedules	and statements, and to the	best of my	knowledge
d	···	ed this return, including accomp	anying schedules	and statements, and to the	best of my	r knowledge owledge
Sign	Under penalties of penury, I declare that I have examin	ed this return, including accomp	anying schedules	and statements, and to the	best of my	r knowledge owledge
	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accomp	anying schedules	and statements, and to the	best of my	r knowledge owledge
Sign	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accomp	anying schedules	and statements, and to the mation of which preparer h	best of my	r knowledge owledge
Sign Here	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature of officer. Type or print name and title	ned this return, including accomp n of preparer (other than officer) is	anying schedules s based on all info	and statements, and to the mation of which preparer h	best of my as any kno	owledge
Sign Here Paid	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature of officer. Type or print name and title. Preparer's signature.	ed this return, including accomp	anying schedules	and statements, and to the mation of which preparer h Date Preparer's identifying	best of my as any kno	owledge
Sign Here Paid Prepar	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration Signature of officer Type or print name and title Preparer's signature Firm's name (or	ned this return, including accomp n of preparer (other than officer) is	anying schedules is based on all info	and statements, and to the mation of which preparer h Date Preparer's identifying	best of my as any kno	owledge
Sign Here Paid Prepar Use Or	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration Signature of officer Type or print name and title Preparer's signature Firm's name (or	ned this return, including accompanion of preparer (other than officer) is	anying schedules is based on all information and information a	and statements, and to the mation of which preparer h Date Preparer's identifying	best of my as any kno	e instructions)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name	lame of the organization Employer identification number										
Sou	ıthw		ton Center for t						20		0598676
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The 1	orga			dation because it is: rches, or association							
2				on 170(b)(1)(A)(ii). (Att							
3		A hospital or	r a cooperative h	nospital service organ	ization d	escribed	ın sectio	n 170(b)	(1)(A)(iii).		
4		hospital's na	me, city, and st								••••••
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v).	
7	✓	•		/ receives a substantia (1)(A)(vi). (Complete P		its suppo	ort from a	governm	nental uni	t or from	the general public
8				d in section 170(b)(1)							
9		receipts from	n activities relate n gross investm	receives: (1) more the ed to its exempt function to its exempt function to its exempt function after June 30, 1975.	tions—su lated bus	bject to d siness ta	certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of its
10 11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
		a Type				e III–Fun				d [Type III-Other
е	Ø	By checking persons other	this box, I cert	tify that the organization managers and other	tion is no	t control	led direc	tly or inc	directly b	y one or	more disqualified
f		-		a written determinati	on from	the IRS	that it is	a Type	l, Type II	, or Type	elli supporting
g		-		the organization acce	 epted any	gift or c	ontribution	on from a	 Iny of the		⊔
		(i) A persor	who directly or	r indirectly controls, only in the support of the s		-		th persor	s descri	bed in (ii)	Yes No 11g(i) ✓
				erson described in (i) a		94240					11g(ii) ✓
				of a person described		(ii) above	?				11g(iii) 🗸
h				ation about the suppo							
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ration (iv) is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (vi) Did you notify the organization in col (ii) of your		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
					Yes	No	Yes	No	Yes	No	
					ĺ						
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
			-								
							<u> </u>		<u> </u>		
					i	 	i	i -	! - · ·	!	

Total

Par	(Complete only if you chec					and 170(b)(1)(A)(VI)
Sec	tion A. Public Support				<u></u>		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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				ļ		
5 6	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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	_					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>	L		L	J
12	Gross receipts from related activities, etc.		•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· · · · ·				
	tion C. Computation of Public Su					T	
14	Public support percentage for 2009 (line			1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sci			· · · · ·		15	<u> </u>
16a	and stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
b	33% % support test—2008. If the organization quality and stop here. The organization quality				and line 15 is	33% % or more	e, check this ► □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization meets the organization meets the organization meets and if the organization meets the organization meets the organization meets and if the organization meets the organization meets the organization meets and if the organization meets the organization meets the organization meets the organization meets and organ	acts-and-circu	mstances" test,	check this box	and stop here	. Explain ın Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circurances" test. The	nstances" test, o organization qua	check this box	and stop here . cly supported or	Explain in Par ganızation .	t IV how the

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.)

Sec	tion A. Public Support			,			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include	125	33082.99	30000.00	94412.51	13771.00	171391.50
•	any "unusual grants.")	125		30000.00	04412.01	10771.00	17 100 1.00
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1242.75	3521.28	0	. 0	0	17502.03
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	1367.75	36604.27	30000.00	94412.51	13771.00	174862.78
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		_				
	amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	174862.78
8	Public support (Subtract line 7c from line 6.)				<u> </u>		
	tion B. Total Support	4 3 0005	#1 0000	(-) 0007	(-D 0000	4.3.0000	(A T-1-1
Ca	alendar year (or fiscal year beginning in)	(a) 2005 1367.75	(b) 2006 36604.27	(c) 2007 30000.00	(d) 2008 94412.51	(e) 2009 13771.00	(f) Total 174862.78
9	Amounts from line 6	1307.75	30004.21	30000.00	94412.51	13771.00	174802.76
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	o	0
G	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	1367.75	36604.27	30000.00	94412.51	13771.00	174862.78
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth	-		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Percei	ntage				
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15	100 %
16	Public support percentage from 2008 S				· · · ·	16	100 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 200	•	• • •	•		17	<u>%</u>
18	Investment income percentage from 20					18	<u>%</u>
19a							
b	17 is not more than 33%%, check this b 33%% support tests—2008. If the organ line 18 is not more than 33%%, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33⅓ %, and _
20	Private foundation. If the organization	-	_	•			

chedule A (F	hedule A (Form 990 or 990-EZ) 2009 Page 4						
Part IV	Supplemental	Information.	Complete this Part III, line 12	part to prov Provide any	ride the explar other additio	nations required nal information.	by Part II, line 10; See instructions.
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Center for the Arts 5/10/2010

Page 1

5/10/2010 Date	Num	Transaction	Payment	С	Deposit	Balance
1/5/2009	1188	Labor & Industries	65.57	_		7 987.81
4/5/0000	1100	cat Office	•	_		7.000 0.1
1/5/2009	1189	Western National Insurance cat: Insurance	364.00	К		7.623 81
1/5/2009	1190	Philadelphia Insurance cat: Directors and Officer's Liability	938.00	R		6.685 81
1/5/2009	1191	Arlene Johson cat: Employee Benefit, Business.	2,124.19	R		4 561 62
1/5/2009	1192	First Independent Bank car: Tax	701 62	R		3.860 00
2/2/2009	DEP	Realvest Corporation Community Fund cat. —SPLIT-		R	3,100.00	6,960.00
2/25/2009	DEP	Donation cat Donations		R	100.00	7.060 00
2/25/2009	1193	Postmaster car: Postage and Delivery	15 16.80	R		7.043 20
2/25/2009	1194	Arlene Johson car. Employee Benefit, Business	2.124.19	R		4.919 01
2/25/2009	1195	First Independent Bank cat. Tax	701.62	R		4.217.39
2/28/2009	DEP	Paul Christensen car. Donations	•	R	2,500.00	6,717.39
3/8/2009	1196	Arlene Johson cat: Employee Benefit, Business	(2 2.124.19	R		4,593 20
3/8/2009	1197	First Independent Bank	701.62	R		3 891 58
3/28/2009	DEP	Paul Christensen cat Oonations		R	2.500.00	6,391.58
4/23/2009	1198	Washington Arts Alliance (cat: Conference	525.00	R		5,866.58
4/23/2009	1199	Labor & Industries (cat: Office	34.87	R		5.831,71
4/23/2009	1200	Arlene Johson cat: Employee Benefit, Business	2,124.19	С		3.707 52
4/23/2009	1201	First Independent Bank cat Tax	701.62	С		3,005.90
4/23/2009	1202	Arlene Johnson cat Office	74.89	С		2.931 01
5/1/2009	DEP	Paul Christensen cat Donations		С	2,500.00	5.431.01
5/9/2009	1203	Arlene Johnson (Cat: Office	183.29	С		5 247 72
5/10/2009	1206	Labor & Industries (cat: Tax:State	23 25	С		5 224 47
5/10/2009	1207	Postmaster cat: Postage and Delivery	40.00	C		5.184,47
5/10/2009	1208	Employment Security (19.96	С		5,164.51
5/10/2009	1209	Void		С		5.164.51

Center for	the	Arts
5/10/2010		

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Date	Num	Transaction	Payment	С	Deposit	Balance
5/14/2009	1204	First Independent Bank 2 2 2	701.62	c		4,462 89
5/14 / 2009	1205	Arlene Johson cat Employee Benefit, Business >	2.124.19	С		2 338.70
6/10/2009	DEP	Paul Christensen car. Donations		С	2.750 00	5 088.70
9/1/2009	DEP	Deposit cat: Donations			10.00	5,098.70
9/10/2009	1210	Val Ogden 15 cat: Office Supplies	91.41	С		5.007 29
10/10/2009	DEP	Deposit cat Donations		С	304.00	5 311 29
11/10/2009	1211	Secretary Of State Locat Dues and Subscriptions	10.00	С		5,301 29
12/10/2009	DEP	Interet cat. Interest inc		С	700	5,308 29
12/10/2009	1212	Val Ogden cat Subscriptions	269.64	С	In Mis	5,038 65

Experies 16785.73

Experies 14872.70

Line 14 Office 417.85

Line 15 Present 525.00

Line 16 continue 525.00

Total 713771.00