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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning _____, and ending _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization VALLEY ARTS UNITED		D Employer identification number 91-1662726
Number and street (or P O box, if mail is not delivered to street address) PO BOX 416	Room/suite	E Telephone number 253-840-6015
City or town, state or country, and ZIP + 4 PUYALLUP WA 98371-0043		F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **www.valleyartsunited.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **112,907**

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, grants, and similar amounts received	1	24,559
	2 Program service revenue including government fees and contracts	2	16,361
	3 Membership dues and assessments	3	7,956
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	63,247
	c Less direct expenses from gaming and fundraising events	6c	34,389
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	28,858
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	784
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,518
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	3,575
	13 Professional fees and other payments to independent contractors	13	15,589
	14 Occupancy, rent, utilities, and maintenance	14	8,564
	15 Printing, publications, postage, and shipping	15	5,196
	16 Other expenses (describe in Schedule O)	16	41,412
	17 Total expenses. Add lines 10 through 16	17	74,336
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,182
	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)	19	42,065
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-673
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,574

G9

1

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	28,485	22	29,350
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	13,580	24	18,675
25 Total assets	42,065	25	48,025
26 Total liabilities (describe in Schedule O)	0	26	2,451
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,065	27	45,574

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

See Schedule O

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Schedule O

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

28a 38,882

29 See Schedule O

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

29a 17,326

30 See Schedule O

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

30a

31 Other program services (describe in Schedule O)

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

31a

32 Total program service expenses (add lines 28a through 31a)

32 56,208

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 address	(b) Title and 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
BECKY CONDRA	VICE CHAIR 1.00	0	0	0
SHIRLEY GETZIN	VICE CHAIR 1.00	0	0	0
GARY MCCUTCHEON	VICE CHAIR 1.00	0	0	0
MARY JO TORGESON	SECRETARY 1.00	0	0	0
BOB MOHRBACHER	TREASURER 1.00	0	0	0
ROSEMARY ECKERSON	PAST CHAIR 0.50	0	0	0
AMY JOHNSON	DIRECTOR 0.25	0	0	0
BETH BESTROM	DIRECTOR 0.25	0	0	0
CONNIE DIFFENDERFER	DIRECTOR 0.25	0	0	0
DEBBIE ZEVENBERGAN	DIRECTOR 0.25	0	0	0
JAY BATES	DIRECTOR 0.25	0	0	0
KAREN LUCAS	DIRECTOR 0.25	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
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 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		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ None		
42a	The organization's books are in care of ▶ WILLIAMS & SCHLOER, CPA'S Telephone no ▶ 253-845-4281 1843 E MAIN Located at ▶ PUYALLUP WA ZIP + 4 ▶ 98372		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
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 ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

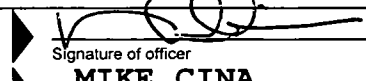
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

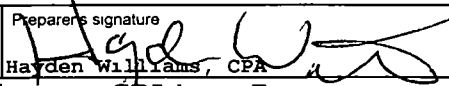
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer:  Date: 11/15/12
 Type or print name and title: **MIKE CINA** **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **Hayden Williams, CPA** Preparer's signature:  Date: 11/14/12 Check if self-employed PTIN: **P00025438**
 Firm's name: **Williams & Schloer, CPA's, Inc.** Firm's EIN: **91-1306345**
 Firm's address: **1843 E Main Ave Puyallup, WA 98372-3147** Phone no: **253-845-4281**

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

VALLEY ARTS UNITED

Employer identification number

91-1662726

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(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.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

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%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(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.")	41,892	89,502	47,208	51,563	27,843	258,008
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,197	46,980	26,680	6,972	28,746	133,575
3 Gross receipts from activities that are not an unrelated trade or business under section 513				30,393	45,891	76,284
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	66,089	136,482	73,888	88,928	102,480	467,867
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	19,197	36,980	16,680			72,857
c Add lines 7a and 7b	19,197	36,980	16,680			72,857
8 Public support (Subtract line 7c from line 6)						395,010

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	66,089	136,482	73,888	88,928	102,480	467,867
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					584	584
c Add lines 10a and 10b					584	584
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)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	66,089	136,482	73,888	88,928	103,064	468,451

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	84.32%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	78.90%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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).

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

Department of the Treasury
Internal Revenue Service

**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

2011

Open To Public Inspection

Name of the organization

VALLEY ARTS UNITED

Employer identification number

91-1662726

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II 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	(d) Total events	
		<u>GALLERY 3</u> (event type)	<u>ANNUAL ARTS GAL</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	30,654	28,746	59,400	
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	30,654	28,746	59,400	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	18,259	13,700	31,959	
	10	Direct expense summary Add lines 4 through 9 in column (d)			▶	31,959
	11	Net income summary Combine line 3, column (d), and line 10			▶	27,441

Part III Gaming. Complete if the organization answered "Yes" to 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))
		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 Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a Yes No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a Yes No

b If "Yes," explain

- 11 Does the organization operate 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 entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

13a		%
13b		%

 - a The organization's facility
 - b An outside facility
- 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. Complete this part to 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 complete this part to 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.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

VALLEY ARTS UNITED

Employer identification number

91-1662726**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
RAFFLE-VAU	\$ 535
BROCHURE AD-OST	\$ 118
VAU	\$ 106
ENTERTAINMENT BOOKS-ADT	\$ 25
Total	\$ 784

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
GALLERY 3	
Supplies	\$ 520
BANKCARD FEES	\$ 1,206
Advertising	\$ 97
Taxes/Licenses	\$ 75
Expenses	
WINEFEST-SUPPLIES	\$ 2,663
WINEFEST-INSURANCE	\$ 868
ART & WINE WALK-SUPPLIES	\$ 83
ARTS IN THE PARK-SUPPLIES	\$ 511
OST-PRINTING	\$ 901
TO PART 1, LINE 15	\$ -901
OST-SUPPLIES	\$ 1,362
R&SR-SUPPLIES	\$ 1,093
ADT SUPPLIES	\$ 663

Name of the organization

VALLEY ARTS UNITED

Employer identification number

91-1662726

ADT AWARDS	\$	841
ADT MUSIC	\$	400
ADT GIFTS	\$	975
ADT ARTIST STIPEND	\$	13,500
TO PART 1, LINE 13	\$	-13,500
ADT PRINTING	\$	2,848
TO PART 1, LINE 15	\$	-2,848
ADT-ARTIST MILEAGE/LODG	\$	1,247
ADT LICENSES & PERMITS	\$	255
ADT WEB MAINTENANCE	\$	2,002
ADT ART INSTALLATION	\$	1,366
ADT ADVERTISING	\$	11,185
ADT ART PURCHASES	\$	3,600
TAPESTRY-DIRECTOR	\$	900
TO PART 1, LINE 13	\$	-900
TAPESTRY-ADV	\$	98
TAPESTRY-ACCOMPANYIST	\$	825
TO PART 1, LINE 13	\$	-825
TAPESTRY-SUPPLIES	\$	474
SPOTLIGHT-PRINTING	\$	175
TO PART 1, LINE 15	\$	-175
SPOTLIGHT-RENT/STORAGE	\$	3,329
TO PART 1, LINE 14	\$	-3,329
SPOTLIGHT-ACCOMPANTIST	\$	300
TO PART 1, LINE 13	\$	-300
SPOTLIGHT-SUPPLIES	\$	3,744
DONATIONS	\$	632

Name of the organization

VALLEY ARTS UNITED

Employer identification number

91-1662726

AWARDS	\$	300
SUPPLIES	\$	526
PROFESSIONAL FEE	\$	64
TO PART 1, LINE 13	\$	-64
PRINTING	\$	1,272
TO PART 1, LINE 15	\$	-1,272
MEETINGS	\$	496
WEB SITE MAINTENANCE	\$	345
REMOTE HOSTING	\$	960
BANK FEES	\$	137
ADVERTISING	\$	590
VAU DUES	\$	300
DUES	\$	275
INSURANCE	\$	1,523
Total	\$	41,412

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PPA-ACCRUAL ADJUSTMENTS	\$ -570
FORM 990-T FEDERAL INCOME TAX	\$ -103

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
LAPTOP COMPUTER-VAU	\$ 869	\$ 869
CANOPIES/EASLES-ADT	\$ 926	\$ 926
LAPTOP COMPUTER-ADT	\$ 1,322	\$ 1,322
LCD PROJECTOR-ADT	\$ 1,098	\$ 1,098

Name of the organization	VALLEY ARTS UNITED			Employer identification number	91-1662726
LAPTOP COMPUTER-GALLERY 3	\$	1,399	\$	1,399	
Less Accumulated Depreciation	\$	1,399	\$	1,399	
LEASEHOLD IMPV-GALLERY 3	\$	9,365	\$	14,819	
Less Accumulated Depreciation	\$	0	\$	359	
STOOL-GALLERY 3	\$	0	\$	88	
Less Accumulated Depreciation	\$	0	\$	88	
SHELVING UNIT-GALLERY 3	\$	0	\$	90	
Less Accumulated Depreciation	\$	0	\$	90	
Total	\$	13,580	\$	18,675	

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 0	\$ 2,451

Form 990-EZ, Part III - Primary Exempt Purpose

ARTS EDUCATION & AWARENESS - THE PRIMARY PURPOSE IS THE SELECTION AND INSTALLATION OF ARTWORKS FOR PUBLIC DISPLAY IN THE GREATER PUYALLUP, WASHINGTON, REGION

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

THE ORGANIZATION'S PRIMARY PURPOSE IS THE PURCHASE AND INSTALLATION OF ARTWORKS FOR PUBLIC DISPLAY IN THE GREATER PUYALLUP REGION. NUMEROUS INDIVIDUALS PROVIDE VOLUNTEER SERVICES IN SUPPORT OF THE PURCHASE AND INSTALLATION OF THE ARTWORK AS WELL AS THE ANNUAL ARTS GALA TO FURTHER PUBLIC AWARENESS OF THE ARTS. THE ORGANIZATION VALUES THESE SERVICES AT \$25,000

Name of the organization

VALLEY ARTS UNITED

Employer identification number

91-1662726

BASED UPON A \$10 HOURLY RATE.

Form 990-EZ, Part III, Line 29 - Second Accomplishment

A SECONDARY PURPOSE OF VALLEY ARTS UNITED IS TO PROMOTE AN AWARENESS OF THE ARTS IN THE COMMUNITY. THIS PURPOSE IS ACCOMPLISHED BY PRESENTING MUSICAL AND STAGE PRODUCTIONS FOR THE BENEFIT OF THE GENERAL PUBLIC AND NURSING HOME FACILITIES.

Form 990-EZ, Part III, Line 30 - Third Accomplishment

AN ADDITIONAL PURPOSE IS TO PROMOTE THE DEVELOPMENT OF STUDENT ARTISTS BY SPONSORING A JR/SR HIGH SCHOOL ART SHOW AND SCHOLARSHIP PROGRAM. RECEIPIENTS ARE SELECTED BY THE SCHOLARSHIP COMMITTEE AT A LOCAL HIGH SCHOOL.

Federal Statements**Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
ADT	\$ 1,660
OPEN STUDIO TOURS	1,430
SPOTLIGHT PLAYERS	486
TAPESTRY SIGNERS	1,767
VAU	2,613
Total	<u>\$ 7,956</u>

VAU VALLEY ARTS UNITED
91-1662726
FYE: 12/31/2011

11/14/2012 8:37 AM

Federal Statements

Schedule A, Part III, Line 3(e)

Description	Amount
OPEN STUDIOS TOURS	\$ 1,816
SPOTLIGHT PLAYERS PERFORMANC	9,465
TAPESTRY SINGERS	865
JR/SR HIGH SCHOOL ART SHOW	2,500
FAIR FINE ARTS EXHIBIT	1,715
ENTERTAINMENT BOOKS-ADT	25
BROCHURE AD-OST	118
RAFFLE-VAU	535
VAU	106
ANNUAL ARTS GALA	28,746
Total	<u>\$ 45,891</u>

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANNUAL ARTS GALA	\$	\$
2009	18,048	13,048
2008	31,117	26,117
2007	24,197	19,197
WINEFEST		
2009	8,632	3,632
2008	15,863	10,863
Total	<u>\$ 97,857</u>	<u>\$ 72,857</u>

VAU VALLEY ARTS UNITED
91-1662726
FYE: 12/31/2011

Federal Statements

11/14/2012 8:37 AM

Schedule A, Part III, Line 10b

Description	Amount
GALLERY 3	\$ 1,687
Less: Deductions	-1,000
Less: Taxes	-103
Total	<u>\$ 584</u>

Part II Balance Sheets. (see the instructions for Part II)

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

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

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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 address	(b) Title and 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
LYNDA BELT	DIRECTOR 0.25	0	0	0
MARIO PENALVER	DIRECTOR 0.25	0	0	0
MIKE CINA	PRESIDENT 1.00	0	0	0
MIKE HOLLINS	DIRECTOR 0.25	0	0	0
NATHAN HOADLEY	DIRECTOR 0.25	0	0	0
JUDY WHITE	DIRECTOR 0.25	0	0	0
SALLY ZEIGER HANSON	DIRECTOR 0.25	0	0	0
GARY MCLEAN	ADVISORY BD 0.05	0	0	0
GLENDA CORINO	ADVISORY BD 0.05	0	0	0
HAYDEN WILLIAMS	ADVISORY BD 0.05	0	0	0
JIM KASTAMA	ADVISORY BD 0.05	0	0	0
SONIE HANSEN	ADVISORY BD 0.05	0	0	0