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_{гът} 990-ЕZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2013

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Department of the Treasury Internal Revenue Service

▶ 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 2013 calendar year, or tax year beginning , 2013, and ending ,					, 20					
В	Check of ap	plicable: C Name of organization D E		D Empi	D Employer identification number					
	Address c	hange	Unidentified Moving Objects Company, Inc.		22-7	968673				
	Name cha	_	Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Telep	Telephone number					
=	intial retur		206-408-8059							
7	Terminated Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exemp	otion				
=	Application		Vashon Island, WA 98070-0374	Nun	ber 🕨					
G /	\ccount	ing Method:	☐ Cash ☐ Accrual Other (specify) ► H	Check	► ☑ ıf ti	ne organization is not				
1 1	Vebsite	:> -				h Schedule B				
J T	ах-ехеп	npt status (ch	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 9	90, 990 - £	Z, or 990-PF)				
K	orm of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other							
			7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if tota							
(Pa	rt II, colı	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	80,954.16				
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the							
		Check if	the organization used Schedule O to respond to any question in this Part I			🗸				
	1	Contribution	ons, gifts, grants, and similar amounts received		1	31,160.03				
	2	Program s	ervice revenue including government fees and contracts		2	43,549.13				
	3	Membersh	ip dues and assessments		3					
	4	Investmen			4					
	5a	Gross amo	ount from sale of assets other than inventory 5a							
	Ь	Less: cost or other basis and sales expenses								
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events								
<u> </u>	а	Gross income from gaming (attach Schedule G if greater than								
Revenue		Gross income from fundraising events (not including \$ of contributions								
Š	Ь	from fund	8							
Œ	ļ									
				245.00						
	d	Net incom	280.52							
	"	line 6c)	Juaci	6d	2 224 42					
	7a	•	s of inventory, less returns and allowances	•	- Ou	3,964.48				
	Ь,		of goods sold							
			it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8	-	nue (describe in Schedule O)		8					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	78,673.64				
_	10		t similar amounts paid (list in Schedule O)		10					
	11	Benefits p		11						
9	12	Salanes, o	aid to or for members)	12					
nses	13		al fees and other payments to independent contractors \dots \dots \dots \dots	٠ <u>.</u>	13	36,277.00				
Expe	14	Occupano	y, rent, utilities, and maintenance) 	14	8,857.00				
ũ	15	Printing, p	ublications, postage, and shipping	<u>.</u>	15	575.48				
	16	Other exp	enses (describe in Schedule O)		16	12,456.94				
	17	Total expe	17	58,206.42						
g)	18		(deficit) for the year (Subtract line 17 from line 9)		18	20,467.22				
set	19									
Ag		end-of-yea	ar figure reported on prior year's return)		19	(11,458.90)				
Net Assets	20	Other chai	nges in net assets or fund balances (explain in Schedule O)		20					
	21	Net assets	. ▶	21	8,968.32					

Pa	Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	e O to respond to a	ny question in this		,	🗸
				(A) Beginning of year	1	(B) End of year
22	Cash, savings, and investments		[4,242.04		9,722.6
23	Land and buildings		· · · · ·		23	
24 25	Other assets (describe in Schedule O) Total assets			319.90	-	319.9
25 26				4,562.02	1	10,042.6
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	n (D) must same wit		16,060.92		1,074.3
	t III Statement of Program Service Accord			(11,498.90)	121	8,968.3
1 61	Check if the organization used Schedule	• ,		•	ــ اا	Expenses
Wha	t is the organization's primary exempt purpose?			Part III 📋		quired for section (c)(3) and 501(c)(4)
						anizations and section
as n	cribe the organization's program service accomplete the organization's program service accomplete the organization of the orga	nanner, describe th				:7(a)(1) trusts, optional others.)
	ons benefited, and other relevant information for e		M2 1860	- Davids - d	┼—	1
20	Create and perform original theater through ensemb Oregon for 400 and on Vashon Island for 1,000 patro		-			
	performed at the Oregon Conty Fiaro for 1,000 patro		Kau nga lata . u	aso		
	~~~~~~~~~~~~~~~~~~~~~ <del>~~</del> ~~~~~~~~~~~~~	t includes foreign gr	ants check here	▶ □	28a	28,521,1
29	UMO School of Physical Arts - UMO offers 8 classes	<del></del>	<del></del>	or the Arts and	-	20,321.13
	Community on Vashon Island. This program serves		·		1	
	Aerial Arts.					
		t includes foreign gr	ants, check here	• П	292	12,223.3
30				<u> </u>	†===	- 12,223
	-					
	(Grants \$ ) If this amoun	t includes foreign gr	ants, check here .	▶ □	30a	3
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	31a	a
32	Total program service expenses (add lines 28a				32	40,744.4
Par	List of Officers, Directors, Trustees, and Ke				instru	ctions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		
		(b) Average	(c) Reportable	(d) Health benefits,		\
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	contributions to employ benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	
Davi	d Godsey, Founder, Vice President	<u>.                                    </u>				
		10			0	
Mari	a Gianz, Ensemble Member		•			
		10		<u> </u>	0	
Eliza	beth Klob, Executive Artist, President	<u>.  </u>				
		10			0	
Mik I	Kuhiman, Ensemble Member					
		10		<u> </u>	0	
Jane	t McAlpin, Founder, Treasurer				- 1	
		10	<u> </u>		0	
Lyan	n White, Emsemble Member, Secretary					
		10		· · · · · · · · · · · · · · · · · · ·	0	
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		ᆛ
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<del>                                     </del>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
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?	37b		✓
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? .	38a		1
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		ł
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			į
40a	Gross receipts, included on line 9, for public use of club facilities	-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
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			
8	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 ▶ <b>Washington</b>			
42a	The organization's books are in care of ▶ Janis McWhiter Telephone no. ▶ 1	206-40	<del>8 8</del> 05	9
		98070	-0374	
Ь	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:	42b	Yes	No
	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 the U.S.?	42c		1
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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	1
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)	45a	-	

Form 99	0-ÉZ (20	013)						P	age 4
46	Did th	ne organization engage, directly or in						Yes	No
		ndidates for public office? If "Yes," of		Part I			46	<u> </u>	✓
Part '		Section 501(c)(3) organizations		-ti 47 40h	50 and aa		. 4	iar lia	00
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47-49b and	52, and co	mpiete the	e tables i	Or IIII	es
		Check if the organization used Scl	hedule O to respond	to any question in t	this Part VI				П
		Oneck if the organization used out	iledate O to respond	to any question in	and i dit vi	····	<u></u>	Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election		during the	tax 47		
48	•	organization a school as described in					48	+	1
49a		ne organization make any transfers to						†	1
b		s," was the related organization a se					. 49b		1
50		olete this table for the organization's							
	emple	oyees) who each received more than	\$100,000 of comper	sation from the orga			e, enter "h	ione.	,
	(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 contributions benefit plans, comper	to employee and deferred	(e) Estimate other cor		
					- compc.	- January			
None									
					1				
					-	-	<del> </del>	_	
				İ					
	Total	number of other employees paid ov	er \$100.000	. > None	<u> </u>	L			
51		plete this table for the organization				who each	received	more	thar
		,000 of compensation from the orga							
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	Compensat	ion	
None									
			· · · · · · · · · · · · · · · · · · ·						
				_					
				<u> </u>			<u> </u>		
				-					
				<u> </u>					
				1					
		·		L					
d		number of other independent contra			. <b>&gt;</b>		one		
52		he organization complete Schedule		–	-	a)(1)	► [7] v.		
		xempt charitable trusts must attach	·		· · · · ·		► ✓ Yes		No
		of perjury, I declare that I have examined this id complete. Declaration of a repare (other than					nowledge an	d belief	, it is
	$\overline{}$	ATTACK			1	<del>~)~/</del>	111		
Sign	1	Signature of officer		1 -par	<del></del>	1 4			
Here		1 CELIZOPOH	KIDD, ex	recutrue a	MOST	~			
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	0	ate	Check	if PTIN		
Prep			<u> </u>			self-emplo	yed		
	Only	Firm's name ▶		Firm's EIN ▶					
March	he IDC	Firm's address ▶ discuss this return with the prepare	r shown above? See	inetructione	Pho	one no.	<b>▶</b> □ <b>v</b> -		Mc
ividy U	1100	gradus una return with me brebare	anown abover 366				► ∐ Ye	Si ∐	No

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

Open to Public Inspection

Name of the organization Employer identification number Unidentified Moving Objects Company, Inc. 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of monetary in col (1) listed in your organization (described on lines 1-A the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section. support? U.S.? (see instructions)) Yes No Yes (A) **(B)** (C) (D) (E) **Total** 

SCHEUU	E 7 (1 0111 880 01 880-LZ) 2013						Page ∠
Part	Support Schedule for Organiza	ntions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		ļ	1			
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid			1			
	to or expended on its behalf						
3	The value of services or facilities						i
	furnished by a governmental unit to the			Ì			
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by		j				
	each person (other than a						
	governmental unit or publicly			ļ.			
	supported organization) included on			•		1	
	line 1 that exceeds 2% of the amount	}					
	shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4.	<u> </u>				<u> </u>	
Secti	on B. Total Support	·	<u>,</u>			<u> </u>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		<u></u>				
8	Gross income from interest, dividends,				i		
	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				ł		
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re	<u> </u>	· · · · ·	· · · · ·		· · · <b>&gt;</b> 🗀
Secti	on C. Computation of Public Suppor				· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2013 (line (		-			14	%
15	Public support percentage from 2012 Sci	•	•			15	<u>%</u>
16a	331/3% support test - 2013. If the organi						
	box and stop here. The organization qua						
Ь	331/a% support test-2012. If the organ						. *
	check this box and stop here. The organ	ization qualific	es as a publicly	supported org	ganization .		▶ 🗀
17a	10%-facts-and-circumstances test – 20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f	facts-and-circ	umstances" te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						🕨 📋
b	10%-facts-and-circumstances test - 2	<b>012.</b> If the org	anization did n	ot check a bo	c on line 13, 10	6a, 16b, or 17a	, and line
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m	neets the "fact	s-and-circums	tances" test. 1	he organizatio	on qualifies as a	a publicly
	supported organization					· · · · · ·	▶ □
18	Private foundation. If the organization di	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k 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.)

Sooti	on A. Public Support	didei die tes	to listed belo	w, picase co	inplete Lait I	.,	
		(-) 0000	<b>6</b> -) 0010	(-) 0011	(4) 0010	(-) 0010	(O Total
_	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	1		i		1	
^	received. (Do not include any "unusual grants.")	41,436	45,014	43,572	44,722	31,160	205,904
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	37,524	42,671	35,630	48,446	47,514	211,785
3	Gross receipts from activities that are not an unrelated trade or business under section 513			ļ			
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	78,960	87,685	79,202	93,168	78,674	417,689
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						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						<del>_</del>
	line 6.)						417,689
	on B. Total Support	······································				··	<del></del>
	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	78,960	87,685	79,202	93,168	78,674	417,689
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	a	0	0	a	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	·	0		0	0	0	0
C	Add lines 10a and 10b	0	O	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	o		o	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2.335	o	180	0	0	2,515
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	81,295	87,685	79,382	93,168	78,674	420,204
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth,			1 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2013 (line 8	, column (f) div	ided by line 1	3, column (f))		15	99.94 %
16	Public support percentage from 2012 Sch					16	99.06 %
	on D. Computation of Investment Inc			<del></del>		<del> </del>	
17	Investment income percentage for 2013 (I		· · · · · · · · · · · · · · · · · · ·	/ line 13. colun	າກ (f)) ,	17	.0000 %
18	Investment income percentage from 2012		• • • • • • • • • • • • • • • • • • • •			18	.0088 %
19a	331a% support tests—2013. If the organi 17 is not more than 331a%, check this box	zation did not	check the box	on line 14, an	d line 15 is m	ore than 331/394	s, and line
b	331x3% support tests-2012. If the organiz	ation did not ch	neck a box on	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	line 18 is not more than 331/3%, check this t						_
711	- FIREAUS WULLINGERS. II TOM (YCHIDANOO) OU	KN CARWX 2 (	n 18 (111 (1111) 12	THAT OF THE C	THE THIS DAY		andre =

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Part IV	Part III, line 12. Also complete this part for any additional information. (See instructions).
Part III Line	12 Other Income - Equipment Rental and sale of some items to performing members of the group.
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