



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



0425876267
Aug. 09, 2016 . LTR 2694C 0 R
94-3180755 201512 67
Input Op: 0425876267 00023581

FEDERAL WAY COALITION OF THE
PERFORMING ARTS
PO BOX 24753
FEDERAL WAY WA 98093



DECLARATION

014187

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Joann P. Requette
Signature of authorized individual

August 14, 2016
Date

President
Title

Copy

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2015 calendar year, or tax year beginning January 1, 2015, and ending December 31, 2015	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Federal Way Coalition of the Performing Arts
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 24753
	City or town, state or province, country, and ZIP or foreign postal code Federal Way, WA 98093
	F Name and address of principal officer: Joann Piquette
D Employer identification number 94-3108755	
E Telephone number 253-839-4389	
G Gross receipts \$ 215,457	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.fwcpc.org	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1989 M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A coalition of local arts organizations who promote the performing arts and raise funds for a performing arts center in Federal Way, WA.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,512	10,801
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	491,929	124,500
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(354)	191
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,134	78,910
		506,221	214,402
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	1,305	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,275	756,519
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,275	756,519	
19 Revenue less expenses. Subtract line 18 from line 12	504,946	(542,117)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	548,651	6,534
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		548,651	6,534

Part II Signature Block

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 <i>Joann P. Piquette</i>	Date <i>July 12, 2016</i>			
	Type or print name and title <i>Joann P. Piquette, President</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)