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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
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. 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
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

			lendar year, or tax year beginning JUN 1, 2011 and endi	ng MA			2012	
В	Check if	lf ble (Name of organization		D Emp	loyer ic	lentification number	
	Addı	ress change						
	Nam	ne change	THE VALLEY PLAYERS, INC.		03-0278673			
]Initia	al return	Number and street (or P.O. box, if mail is not delivered to street address)	oom/suite	E Tele	phone (number	
	Term	ninated	P.O. BOX 441_		8	02-5	583- <u>2774</u>	
	Ame	ended return	City or town, state or country, and ZIP + 4		F Gro	up Exen	nption	
	Applic	cation pending	WAITSFIELD, VT 05673	_		nber 🕨		
G	Accou	nting Method	t: Cash X Accrual Other (specify) ▶		H Che	ck 🖊	X if the organization is not	
		_	W.VALLEYPLAYERS.COM				attach Schedule B	
			(check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or	527	•		990-EZ, or 990-PF).	
			the organization is not a section 509(a)(3) supporting organization or a section 527 organization					
	\$50,00		90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (se					
			file a complete return.		•		•	
			nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets (Part	II,			
			below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	Ĺ	▶ \$	79,211.	
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (se	e the instru	ctions	for Part	l.)	
		 '	the organization used Schedule O to respond to any question in this Part I				\mathbf{x}	
	1		ns, gifts, grants, and similar amounts received			1	900.	
	2		ervice revenue including government fees and contracts		Γ	2	73,671.	
	3	•	p dues and assessments		Ī	3	2,767.	
	4	Investment	·	LE O		4	268.	
	5a		unt from sale of assets other than inventory 5a					
	Ь		or other basis and sales expenses 5b					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c		
	6	•	d fundraising events		Ī			
a.	a	-	me from gaming (attach Schedule G if greater than					
Revenue		\$15,000)	68					
ě	Ь		me from fundraising events (not Including \$ of contributions					
Œ		from fundra	aising events reported on line 1) (attach Chettile Cut the sum of such					
		gross incor	me and contributions exceeds \$15,000) 6b		1			
	C		t expenses from gaming and fundraising events 6c 6c	-	_			
	d		or (loss) from gaming and fundraising events (addiffes 6a and 6b and subtract line 6c)	-		6d		
	7a		of inventory less returns and allowances					
	Ь		of goods sold OGDEN 115 76					
	C		t or (loss) from sales of inventory (Subtract line 75 from line 7a)			7c		
	8		nue (describe in Schedule 0) SEE SCHEDU	LE Q		8	1,605.	
€ 31	9	_Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		
20%	10	Grants and	similar amounts paid (list in Schedule 0)			10		
	11	Benefits pa	id to or for members			11		
ea %	12	Salaries, ot	her compensation, and employee benefits			12		
se	13	Profession	al fees and other payments to independent contractors			13	1,600.	
OCT .8 .	14	Occupancy	, rent, utilities, and maintenance SEE SCHEDU	LE Q	L	14	16,477.	
Фú	15	Printing, pu	iblications, postage, and shipping			15	<u>375.</u>	
	16	Other expe	nses (describe in Schedule 0) SEE SCHEDU	LE Q		16	63,517.	
	17	_Total expe	nses. Add lines 10 through 16		▶	17	81,969.	
<u> </u>	18		deficit) for the year (Subtract line 17 from line 9)			18_	-2,758.	
	19		or fund balances at beginning of year (from line 27, column (A))		ſ			
©¥ Se			e with end-of-year figure reported on prior year's return)		ĺ	19	143,334.	
SCANNED Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		ſ	20	0.	
2	21		or fund balances at end of year. Combine lines 18 through 20		_ ▶∫	21	140,576.	
LH	A For		Reduction Act Notice, see the separate instructions.				Form 990-EZ (2011)	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

P	art II Balance Sheets. (see the instructions for Part II	1		<u> </u>	
<u></u>	Check if the organization used Schedule O to re	•	tion in this Part II		X
	Oneck if the organization used conclude o to re	spond to any ques	(A) Beginning of year	(8)	nd of year
22	Cash, savings, and investments	-	62,759		54,332.
		_			
23		<u>,</u>	65,699		63,380.
24	# <u></u>	· -	34,399		36,004.
25	10.000	_	162,857		153,716.
26			19,523		13,140.
27		<u> </u>	143,334	. 27	<u>140,576.</u>
P	art III Statement of Program Service Accomplishme	•	· · · · · · · · · · · · · · · · · · ·		хрепвев
	Check if the organization used Schedule O to re				for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? PROMOTION OF	<u> THEATRICAL A</u>	RTS	organizati	ons and section
	cribe the organization's program service accomplishments for each of its three largest program		enses in a clear and concise		l) trusts; optional
manr	her, describe the services provided, the number of persons benefited, and other relevant infor	mation for each program title		for others	·/
28	PLAY PRODUCTIONS FOR LOCAL COMMUNI	TY AND SPONS	ORED CRAFT		
	FAIR - SERVING THOUSANDS OF RESIDE	NTS AND VISI	TORS TO THE		
	AREA.			_	
	(Grants \$) If this amount includes foreign	grants, check here		28a	73,671.
29					
				_	
	· · · · · · · · · · · · · · · · · · ·	-		-	
	(Grants \$) If this amount includes foreign	grants, check here		29a	
30	(Grants 9) If this amount includes loreign	grants, check here .			
30					
				-	
					
	(Grants \$) If this amount includes foreign	grants, check here	<u>.</u>	30a	 _
	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)		<u> </u>	▶ 32	<u>73,671.</u>
$\overline{}$					
Pa	art IV List of Officers, Directors, Trustees, and Key			ee the instructions i	for Part IV)
Pa	Check if the organization used Schedule O to re	spond to any ques	tion in this Part IV	<u> </u>	
Pa		spond to any ques (b) Title and average ho	tion in this Part IV	d) Health benefits,	(e) Estimated
Pa		(b) Title and average hoper week devoted to	urs (c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Pa	Check if the organization used Schedule O to re	spond to any ques (b) Title and average how per week devoted to position	urs (c) Reportable compensation (Forms	d) Health benefits, contributions to	(e) Estimated amount of other
_	Check if the organization used Schedule O to re	(b) Title and average hoper week devoted to	urs (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
JE	Check if the organization used Schedule O to re	spond to any ques (b) Title and average how per week devoted to position	urs (c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
JE RC SH	Check if the organization used Schedule O to re (a) Name and address CNNIFER HOWARD, CENTER FAYSTON OAD, FAYSTON, VT 05673 IARON KELLERMAN	spond to any ques (b) Title and average hore per week devoted to position PRESIDENT	urs (c) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JE RC SH	Check if the organization used Schedule O to re (a) Name and address CNNIFER HOWARD, CENTER FAYSTON OAD, FAYSTON, VT 05673 IARON KELLERMAN	spond to any ques (b) Title and average hor per week devoted to position PRESIDENT 5.00	urs (c) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JE RC SH TW	Check if the organization used Schedule O to re (a) Name and address CNNIFER HOWARD, CENTER FAYSTON OAD, FAYSTON, VT 05673	spond to any ques (b) Title and average hor per week devoted to position PRESIDENT 5.00 TREASURER	urs (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
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JE RO SH SH PO HE	Check if the organization used Schedule O to re (a) Name and address CNNIFER HOWARD, CENTER FAYSTON (AD, FAYSTON, VT 05673 (ARON KELLERMAN (O PONDS ROAD, WARREN, VT 05674 (ANNON PITONYAK (D) BOX, BARRE, VT 05641 (C) CONTRACTOR OF THE CONTR	spond to any ques (b) Title and average hor per week devoted to position PRESIDENT 5.00 TREASURER 3.00 SECRETARY 2.00 DIRECTOR	urs (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation 0.
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JE RO SH TW SHOP COLUMN SHAP COLUMN SHOP COLUMN SHOP COLUMN SHOP COLUMN SHOP COLUMN SHOP C	Check if the organization used Schedule O to re (a) Name and address CNNIFER HOWARD, CENTER FAYSTON DAD, FAYSTON, VT 05673 LARON KELLERMAN HO PONDS ROAD, WARREN, VT 05674 LANNON PITONYAK D BOX, BARRE, VT 05641 CNRY ERICKSON CMBERLINE CONDOS, WARREN, VT 05674 DUGLAS BERGSTEIN CNCOLN GAP ROAD, WARREN, VT 05674 LMES O'NEILL	spond to any ques (b) Title and average hore per week devoted to position PRESIDENT 5.00 TREASURER 3.00 SECRETARY 2.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit blans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.

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 0 34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on hines 2, 68, and 7a, among otherwise)? 35 If Yes, to line 35a, hist the organization filed a Form 99-0 for the year? If Yo, provide an explanation in Schedule 0 35b. IX. 35c. Was the organization account of 10(4)4, 501(6)(5), or 501(6)(6), or 501(6), or	Ра	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in t			\mathbf{x}
33 Did the organization expense in any significant actively not previously reported to the IRS? If Yes, 'provide a detailed description of each actively in Schedule 0. 34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35 Did the organization have unrelated business gross income of \$1,000 or more during the year if Yes, and or in the change of the organization in the income of \$1,000 or more during the year if Yes, is those reported on in less 2, 69, and 7a, among others? 35 Did the organization in the air Form 990-T for the year? If Yes, provide an explanation in Schedule 0 35 Were the organization undergo a liquidation, disobution, termination, or significant deposition of net assets during the year? If Yes, complete Schedule Part of Schedule Pa					
activity in Schedule 0 3	22	Did the arganization engage in any significant activity not previously reported to the IRS2 If "Ves." provide a detailed description of each			-110
34. Were any significant changes made to the organization of governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization same, Otherwise, explain the change on Schedule 0 (see instructions) 35. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those responde on lines 2, 6s, and 7s, among others)? 8 Was the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those responded on lines 2, 6s, and 7s, among others)? 9 Was the organization business gross income of \$1,000 or more during the year from business activities (such as those responded on lines). 9 Was the organization business gross income of \$1,000 or more during the year from business activities (such as those responded on lines). 9 Was the organization business gross income of \$1,000 or more during the year from business activities (such as those responded on lines). 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions. 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions. 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions. 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions. 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions. 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions. 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions and any state of the instructions. 9 Was a first amount of political expenditures, direct or indirect, as described in the instructions. 9 Was a first and indirect and a first and indirect the value of the instructions. 9 Was a first and indirect and indirect the value of the i	00		33		x
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e Was the organization a section 501(c)(4), 601(c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If Yes,* complete Schedule C, Part III and Total Part III and the organization undergo a legislation, dissolution, iteratives, or specifically a provided in the instructions. Did the organization of pothecial expenditures, direct or indirect, as described in the instructions. Did the organization of pothecial expenditures, direct or indirect, as described in the instructions. Did the organization of pothecial expenditures, direct or indirect, as described in the instructions. Did the organization of pothecial expenditures, direct or indirect, as described in the instructions. Did the organization of pothecial expenditures, direct or indirect, as described in the instructions. Did the organization of pothecial expenditures, direct or indirect, as described in the instructions. Bid N/A Did the organization 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? Bid Yes, Complete Schedule I, Part it and enter the total amount involved Bid Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and prior year that has not been reported or any of its prior forms 990 e.227 iff Yes, complete Form 8886-T List the states with which a copy of this return is filed. All organization and you make during the tax year, was the organization and party to a prohibited tax sheller transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. All organization and the organization in the organization ma	h	If "Ves" to line 35a, has the organization filed a Form 990-T for the year? If "No " provide an explanation in Schedule 0		N/	
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87 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a	30		36		x
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Form 990-EZ (2011) THE VALLEY PLAYERS, INC.

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b	If "Yes," w	as the rel	lated organ	iization a se	ection 527	organizatioi	n?					4	19Ь	
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	than \$100	0,000 of c	ompensati	on from the	e organiza	tıon. If there	is none, enter	"None."			,			
		(a)		d address o		ployee		(b) Title and av		(C) Reportable compensation (Forms		th benefits, utions to		stimated
			paid r	more than \$				per week de		W-2/1099-MISC)	employ	ee benefit		it of other ensation
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f ·	Total num	her of ot	her emnlov	ees paid ov	ver \$100 0	00		<u> </u>		<u> </u>				
							sated independ	ent contractors wh	no each recei	ved more than \$100	.000 of c	ompensati	on fron	the
				enter "None		IONE				•	,			
						paid more t	than \$100,000		(b) Type o	f service		(c) Co	mpens	ation
						 	A							<u>-</u>
			•			-	over \$100,000			· · · · · · · · · · · · · · · · · · ·				
							01(c)(3) organi	zations and 4947(a)(1) nonexe	mpt		. [77	٦.,.	┌
Under i	penalties of	periury. I d	declare that I	a completed have examine	ed this retur	n, including ac	ccompanying sche	dules and statement	s, and to the be	est of my knowledge an	d belief, it i	s true, corre	JY68 ct, and c	mplete
Declara	ation of prep	parer (other	than officer)	is based on a	all information	on of which pro	eparer has any kn	owledge			1			
Sigr	ո ∣▶	Signature	e of officer						 		Date			
Here	8	سيح	: ha	10.	\$ 11	0	•)			10	$()_{i}$	_	
		Type or p	print name ar	nd title	- 	WAMC	**************************************					•••	<u> </u>	
		Print/Tv	pe prepare	er's name	. –	Prens	arer's signature		Date	Check	ıf l	PTIN		
Paic	1	' '''''' '	, po propart	5 Haill6			_	\mathcal{A}	101	self- emol	→ ''			
	parer	MICH	व्याच्या	A. EII	D. CE	xXX	necled	all	1101	/2	-,	P002	160	a <i>A</i>
	Only	Firm's					P.C.	<u> </u>		Eirm's El	N > 0.3	-034		
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May ti	he IRS die	cuee thin	return wit				e instructions					► X	Yes	No
uy 11	013	ouss tills	, 10 turii 1110	<u>. prepa</u>	SIIUWII	accres Oct								EZ (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Inspection

vam	e ot t	he organizati			T170						identificati		
Pai	rt I T	Reason		LEY PLAYERS , ity Status (All organi			te this nar	t.) See ins	tructions	0.	<u>3-0278</u>	6/3	
		zation is not a A church, co A school des A hospital or A medical res	a private foundation nvention of churche cobed in section 17 a cooperative hospi search organization	because it is: (For lines s, or association of chur (70(b)(1)(A)(ii). (Attach Soital service organization operated in conjunction	1 through rches desc chedule E.) described	11, check ribed in se in section	only one tection 170	oox.) O(b)(1)(A)(i) o(A)(iii).).	ii). Enter ti	he hospital	's nam	10,
5 6 7 8 9		section 170 A federal, sta An organizati section 170(A community An organizati	ion operated for the (b)(1)(A)(iv). (Complete, or local governm ion that normally recb)(1)(A)(vi). (Complete trust described in somethat normally rec	ent or governmental uni eives a substantial part	nt described of its supp (Complete 1/3% of its	d in section ort from a Part II.)	n 170(b)(governme	1)(A)(v). ental unit d ibutions, n	or from the	general p	oublic desc	ceipts	from
10 11 e f		see section and use section and an organization and an organization are publicly describes the amount of the organization and the organ	unrelated business to 509(a)(2). (Complete on organized and operation organized and operation organized and operation of supported organized by the supported by the	axable income (less sector Part III.) perated exclusively to temperated exclusively for the ations described in sector organization and complete the organization is not than one or more publication determination from the part of the organization from the part of the	est for publication 511 talest for publication 509(a)(** Idete lines 1** C Type to controlled by supporte	ic safety. Sof, to perfo 1) or section 1e through e III - Func I directly on id organiza	sinesses a See section the function 509(a)(a 111h. Itionally in rindirectly ations des	acquired bon 509(a)(4)nctions of, 2). See sectograted by one or cribed in sectographic sectograp	y the orga 4). or to carretion 509(r more discection 508	y out the pay(3). Che	purposes of the box	of one of that Other that	or
g h		Since August (i) A persor the gove (ii) A family (iii) A 35% of	n who directly or ind erning body of the se member of a perso controlled entity of a	organization accepted and infectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported or	lone or tog or (ii) above	ether with					11g(i) 11g(ii) 11g(iii)	Yes	No
		of supported nization	(ii) EIN	(described on lines 1-9 above or IRC section		governing document? (i) of your support? (i)		(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amoun support		f	
				(see instructions))	Yes	No	Yes	No		.40			
					<u> </u>				-	-			

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

nedule A (Form 990 or 990 EZ) 2011						Pag
art II Support Schedule for C	rganization	s Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	
(Complete only if you checked			*	n failed to qualify	under Part III. If the	organization
fails to qualify under the tests loction A. Public Support	isted below, plea	ase complete Part	III.)			
endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and	(a) 2001	(0) 2008	(6) 2009	(4) 2010	(6) 2011	(i) iotai
membership fees received. (Do not						
include any "unusual grants.")		1		ł		
Tax revenues levied for the organ-						
zation's benefit and either paid to						
or expended on its behalf					1	
The value of services or facilities						
furnished by a governmental unit to					1	
the organization without charge						
Total, Add lines 1 through 3						
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)					ļ	
Public support. Subtract line 5 from line 4.		L				
ction B. Total Support			r	<u> </u>		
ndar year (or fiscal year beginning in) 🕨 📙	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 4		<u> </u>				
Gross income from interest,				ı		
dividends, payments received on						
securities loans, rents, royalties			<u> </u>			
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital					i I	
assets (Explain in Part IV.) Total support. Add lines 7 through 10						
Gross receipts from related activities, e	to (see instructi	ione)		L	12	
First five years. If the Form 990 is for t	•			 ax vear as a section		
organization, check this box and stop	_	5 mgt, 5000mg, tim	a, 10a1 a1, 01 mar a	or your do a coom	J. 00 (0)(0)	▶[
ction C. Computation of Public		rcentage		·		
Public support percentage for 2011 (lin	e 6, column (f) c	livided by line 11, o	column (f))		14	
Public support percentage from 2010					15	
33 1/3% support test - 2011. If the or			•		more, check this bo	x and
stop here. The organization qualifies a						▶[
33 1/3% support test - 2010. If the or	ganization did n	ot check a box on				is box
and stop here. The organization qualifi						. ▶[
10% -facts-and-circumstances test	- 2011. If the org	ganization did not d	check a box on line	9 13, 16a, or 16b,	and line 14 is 10%	or more,

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

Schedule A (Form 990 or 990-EZ) 2011

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

Schedule A (Form 990 or 990-EZ) 2011 THE VALLEY PLAYERS, INC. 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

Se	ction A. Public Support	elow, please comp	ete Part II)				· · · · ·
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	6,260.	3,020.	4,948.	4,309.	3,667.	22,204.
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	37,025.	75,325.	74,460.	96,565.	73,671.	357,046.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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	43,285.	78,345.	79,408.	100,874.	77,338.	379,250.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						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	1					0.
c	Add lines 7a and 7b					-	0.
	Public support (Subtract line 7c from line 6)						379,250.
	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	43,285.	78,345.	79,408.	100,874.	77,338.	379,250.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,348.	1,090.	220.	519.	268.	4,445.
	Unrelated business taxable income	2,310.	1,0501		<u> </u>		
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	i					
c	Add lines 10a and 10b	2,348.	1,090.	220.	519.	268.	4,445.
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.)	1,240.	2,175.	3,255.	1,347.	1,605.	9,622.
13	Total support (Add lines 9, 10c, 11, and 12)	46,873.	81,610.	82,883.	102,740.	79,211.	393,317.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here		<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
<u>Sec</u>	ction C. Computation of Publi	c Support Per	centage		_	· ·	
15	Public support percentage for 2011 (li	ne 8, column (f) div	rided by line 13, co	olumn (f))		15	<u>96.42 %</u>
_	Public support percentage from 2010					16	<u>95,57 %</u>
Sec	ction D. Computation of Inves					<u> </u>	1 12
17	•			3, column (f))		17	1.13 %
18	• • •					18	<u>1.73 %</u>
19a	a 33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box ar	-	_				. ▶ [X]
t	33 1/3% support tests - 2010. If the						and
20	line 18 is not more than 33 1/3%, cher Private foundation. If the organization		•				
	Private foundation, if the organization 23 01-24-12	ir dig not check a t	70A OH BHO 14, 198	, or rap, crieck ti			0 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

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Supplemental Information to Form 990 or 990-EZ

(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.

2011
Open to Public Inspection

Name of the organization Employer identification number 03-0278673 THE VALLEY PLAYERS, INC. FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: AMOUNT: DESCRIPTION OF PROPERTY: 268. INTEREST & DIVIDENDS FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: 1,605. **MISCELLANEOUS** FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: AMOUNT: DESCRIPTION OF EXPENSES: 3,842. **DEPRECIATION** OTHER EXPENSES 12,635. 16,477. TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 58,436. PROGRAM EXPENSES 471. ADMINISTRATION 1,111. MEETINGS 1,276. SUPPLIES DUES 627. **MISCELLANEOUS** 408. 1,188. CONTRIBUTIONS TOTAL TO FORM 990-EZ, LINE 16 63,517.

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

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Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization Employer identification number THE VALLEY PLAYERS, INC. 03-0278673 BEG. OF YEAR DESCRIPTION END OF YEAR 4,247. PREPAID EXPENSES 5,565. OTHER DEPRECIABLE ASSETS 30,152. 30,439. TOTAL TO FORM 990-EZ, LINE 24 34,399. 36,004. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR END OF YEAR DESCRIPTION DEFERRED INCOME 19,523. 13,140. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

4562 ···

Department of the Treasury Internal Revenue Service (99

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

2011

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates THE VALLEY PLAYERS, INC. FORM 990-EZ PAGE 1 03-0278673 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 lf zero or less, enter -0- If married filing separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 984. 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 2.767. 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery period (f) Method (a) Classification of property (e) Convention (a) Depreciation deduction only - see instructions) 19a 3-year property 5-year property 7-year property C 1,810. 10 YRS. 91. 10-year property d 15-year property 20-year property 25-year property 25 yrs. 27 5 yrs мм S/L Residential rental property h 27.5 yrs. ММ S/L MM S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12 yrs. S/L þ 12-year 40 yrs. MM S/L 40-year Part IV | Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 3,842. Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2011)

LHA For Paperwork Reduction Act Notice, see separate instructions.

INC.

THE VALLEY PLAYERS.

Form 4562 (2011)

03-0<u>278673 Page 2</u>