

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)

Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
 Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <p align="center">SKAGIT VALLEY SYMPHONY</p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p>P.O. BOX 1302</p> City or town, state or country, and ZIP + 4 <p>MOUNT VERNON WA 98273</p>	D Employer identification number <p align="center">91-1649210</p> E Telephone number <p align="center">360-336-6611</p> F Group Exemption Number _____
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
 Other (specify) ▶ _____

I Website: ▶ WWW.SKAGITSYMPHONY.COM
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **123,131**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	70,613
	2 Program service revenue including government fees and contracts	2	45,947
	3 Membership dues and assessments	3	
	4 Investment income	4	36
	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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ▶ SEE STATEMENT 1)	8	6,535	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	123,131	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	21,210
	13 Professional fees and other payments to independent contractors	13	5,000
	14 Occupancy, rent, utilities, and maintenance	14	5,350
	15 Printing, publications, postage, and shipping	15	6,715
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	93,583
	17 Total expenses. Add lines 10 through 16	17	131,858
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,727
	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	135,516
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	9,849
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	136,638

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)			
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		99,118	106,286
23 Land and buildings			
24 Other assets (describe ▶ SEE STATEMENT 4)		38,301	30,757
25 Total assets		137,419	137,043
26 Total liabilities (describe ▶ SEE STATEMENT 5)		1,903	405
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		135,516	136,638

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 6		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	SEE STATEMENT 7		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	95,378
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 (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	95,378

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)					
(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROUPEN SHAKARIAN	MOUNT VERNON	CONDUCTOR			
P.O. BOX 1302	WA 98273		25,000	0	0
LINDA ALVARADO	MOUNT VERNON	FORMER EXEC DIRECTOR			
P.O. BOX 1302	WA 98273		14,250	0	0
LINDA HENLEY	MOUNT VERNON	EXECUTIVE DIRECTOR			
P.O. BOX 1302	WA 98273		0	0	0
DAVID CHAPLIN	MOUNT VERNON	CHAIRMAN			
P.O. BOX 1302	WA 98273		0	0	0
EVONNE GALLEGOS	MOUNT VERNON	TREASURER			
P.O. BOX 1302	WA 98273		0	0	0
JOHN BOYES	MOUNT VERNON	SECRETARY/PAST CHAIR			
P.O. BOX 1302	WA 98273		0	0	0
E.P. HACKENBERG	MOUNT VERNON	CHAIRMAN ELECT			
P.O. BOX 1302	WA 98273		0	0	0
JENNY BERGERON	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0
MONICA KIDDER	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0
RON KOEPP	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0
KATHLEEN KOLLMAR	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0
BILL LANGWORTHY	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0
DICK REIM	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0
STAN RELYEA	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0
CARRIE TISINGER	MOUNT VERNON	TRUSTEE			
P.O. BOX 1302	WA 98273		0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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 instr. ▶ 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 period 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior 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 ▶ EVONNE M. GALLEGOS Telephone no. ▶ 360-336-6611 407 PINE STREET Located at ▶ MOUNT VERNON, WA ZIP + 4 ▶ 98273		
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)?	Yes	No
42b	If "Yes," enter the name of the foreign country: ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		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 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Rows 46-49b with 'X' marks in the Yes or No columns.

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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Row 1 contains '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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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

Sign Here 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. Signature of officer: EVONNE M. GALLEGOS, Date: TREASURER

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed, Preparer's Identifying Number (See instr.), Firm's name (or yours if self-employed), address, and ZIP + 4, THIS TAX RETURN PREPARED BY A NON-PAID PREPARER., EIN, Phone no.

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				41,618	70,613	112,231
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				41,618	70,613	112,231
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						112,231

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				41,618	70,613	112,231
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				888		888
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
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						113,119
12 Gross receipts from related activities, etc. (see instructions)					12	180,818
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.21%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.91%
16a 33 1/3 % support test—2009. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
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.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **SKAGIT VALLEY SYMPHONY** Identifying number **91-1649210**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,350

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
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 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

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. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,350
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
CONCERT PROGRAM ADVERTISING	\$ 6,535
TOTAL	<u>\$ 6,535</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$ 13,505
TELEPHONE	860
POSTAGE AND SHIPPING	475
SUPPLIES	406
WEBSITE	691
MILEAGE	50
INSURANCE	2,264
ADDITIONAL PLAYERS	1,600
AWARDS & ACKNOWLEDGMENTS	608
BANK & CREDIT CARD FEES	1,210
CONCERT PRODUCTION LABOR	1,474
CONCERT PROGRAM EXPENSE	5,600
CONDUCTOR	25,000
CONTRACT EXPENSE	2,099
DUES & SUBSCRIPTIONS	860
FOOD & BEVERAGE	1,102
GUEST ARTISTS	4,058
INSTRUMENT REPAIR	1,140
MISCELLANEOUS	258
MUSIC LIBRARIAN	867
MUSIC FEES	633
MUSIC RENTAL & PURCHASES	2,886
ORCHESTRA EXPENSE	1,093
OTHER RENTAL FEES	1,017
PERFORMANCE HALL RENTAL	9,532
REHEARSAL SPACE RENTAL	725
STORAGE	658
T-SHIRTS	1,956
TICKET & OTHER FEES	7,888
SCHOOL CONCERT EXPENSES	3,068
TOTAL	<u>\$ 93,583</u>

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN - ENDOWMENT FUND	\$ 2,603
CONTRIBUTION - SCHOOL CONCERT RESTRICTED FUNDS	12,043
RETIREMENT OF FIXED ASSETS	-4,797
TOTAL	<u>\$ 9,849</u>

Federal Statements

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
MUSICAL INSTRUMENTS & OFFICE EQUIP	\$ 31,545	\$ 26,748
LESS ACCUMULATED DEPRECIATION		5,350
INVESTMENT IN ENDOWMENT FUND	6,756	9,359
	38,301	30,757

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
PAYROLL TAXES WITHHELD	\$ 1,903	\$ 405
	1,903	405

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

CONTRIBUTE TO THE VITALITY, EDUCATION, AND GROWTH OF CLASSICAL MUSIC IN THE COMMUNITY BY PERFORMING FROM THE REPERTOIRE TO A HIGH STANDARD; AND PROVIDE THE OPPORTUNITY FOR SKILLED MUSICIANS IN OUR REGION TO PERFORM WITH AN ORCHESTRA AND TO INCLUDE SOLOISTS AND COMPOSERS.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

THE SKAGIT SYMPHONY PERFORMS SIX CONCERTS EACH SEASON. DURING 2009-10 AN AVERAGE OF 484 PEOPLE ATTENDED EACH OF THESE PERFORMANCES. LOCAL RESIDENTS AND VISITORS FROM OUT OF TOWN ATTEND, INCLUDING STUDENTS FROM SKAGIT VALLEY COLLEGE. DISCOUNTS ARE GIVEN TO SENIORS AND TO MILITARY FAMILIES. TWO OF THESE CONCERTS ARE DESIGNED SPECIFICALLY FOR YOUNG PEOPLE AND FAMILIES: THE ANNUAL SCHOOL CONCERT IS ATTENDED BY FIFTH GRADE STUDENTS FROM SEVEN SKAGIT COUNTY PUBLIC SCHOOL DISTRICTS. THIS CONCERT IS FREE TO BOTH STUDENTS AND ACCOMPANYING TEACHERS, AND BUSING TO AND FROM THE CONCERT HALL IS PROVIDED AT NO COST TO THE SCHOOLS. THE ANNUAL FAMILY CONCERT, WITHIN THE SAME PROGRAM, FOLLOWS TWO DAYS LATER, AND IS FREE FOR CHILDREN, UNDER THE AGE OF SIXTEEN, WITH TICKETS FOR ADULTS AT \$10. THESE HIGH QUALITY MUSICAL EVENTS CONTRIBUTE GREATLY TO THE CULTURAL RICHNESS OF THE SKAGIT VALLEY AREA AND PROVIDE AN OPPORTUNITY FOR LOCAL MUSICIANS (ALL VOLUNTEERS) TO PLAY WITH THE ORCHESTRA.