

Form **990-EZ**

**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)

OMB No. 1545-1150

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11**

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	<b>SKAGIT VALLEY SYMPHONY</b>	<b>91-1649210</b>
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Terminated	<b>P.O. BOX 1302</b>	
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	<b>MOUNT VERNON WA 98273</b>	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B	
<b>I</b> Website: ▶ <b>WWW.SKAGITSYMPHONY.COM</b>		
<b>J</b> Tax-exempt status (check only one) — <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	(Form 990, 990-EZ, or 990-PF).	
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.		

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **118,609**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	78,420
	2 Program service revenue including government fees and contracts	2	34,748
	3 Membership dues and assessments	3	
	4 Investment income	4	96
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	5,345	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	118,609	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	28,240
	13 Professional fees and other payments to independent contractors	13	30,270
	14 Occupancy, rent, utilities, and maintenance	14	5,362
	15 Printing, publications, postage, and shipping	15	10,549
	16 Other expenses (describe in Schedule O)	16	74,197
17 <b>Total expenses.</b> Add lines 10 through 16	17	148,618	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-30,009
	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	136,638
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	14,046
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	120,675

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	106,286	22	87,872
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	30,757	24	33,749
25 Total assets	137,043	25	121,621
26 Total liabilities (describe in Schedule O)	405	26	946
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	136,638	27	120,675

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

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe 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 SCHEDULE O

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

(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	85,507
29		
(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	85,507

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROUPEN SHAKARIAN P.O. BOX 1302 MOUNT VERNON WA 98273	CONDUCTOR	25,000	0	0
LINDA HENLEY P.O. BOX 1302 MOUNT VERNON WA 98273	EXECUTIVE DIRECTOR	18,000	0	0
DAVID CHAPLIN P.O. BOX 1302 MOUNT VERNON WA 98273	SECRETARY	0	0	0
EVONNE GALLEGOS P.O. BOX 1302 MOUNT VERNON WA 98273	TREASURER	0	0	0
E.P. HACKENBERG P.O. BOX 1302 MOUNT VERNON WA 98273	TRUSTEE	0	0	0
JENNY BERGERON P.O. BOX 1302 MOUNT VERNON WA 98273	TRUSTEE	0	0	0
MONICA KIDDER P.O. BOX 1302 MOUNT VERNON WA 98273	TRUSTEE	0	0	0
BILL LANGWORTHY P.O. BOX 1302 MOUNT VERNON WA 98273	CHAIRMAN	0	0	0
DICK REIM P.O. BOX 1302 MOUNT VERNON WA 98273	TRUSTEE	0	0	0
STAN RELYEA P.O. BOX 1302 MOUNT VERNON WA 98273	TRUSTEE	0	0	0
CARRIE TISINGER P.O. BOX 1302 MOUNT VERNON WA 98273	TRUSTEE	0	0	0
DOTTIE CHAPMAN P.O. BOX 1302 MOUNT VERNON WA 98273	TRUSTEE	0	0	0

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

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

Input box for Schedule O

Main form body containing questions 33 through 44d with Yes/No columns and checkboxes.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

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

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

Sign Here Date  
 Signature of officer: **LINDA HENLEY**  
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only  
 Print/Type preparer's name: **EVONNE M. GALLEGOS**  
 Preparer's signature: *Evonne Gallegos*  
 Date: **11/14/11**  
 Check  if self-employed  
 PTIN: **P00971389**  
 Firm's name: **WILLIAMS & NULLE, PLLC, CPA'S**  
 Firm's EIN: **91-0593897**  
 Firm's address: **407 PINE ST MOUNT VERNON, WA 98273-3853**  
 Phone no.: **360-336-6611**

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **SKAGIT VALLEY SYMPHONY** Employer identification number **91-1649210**

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			41,618	32,760	40,957	115,335
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3			41,618	32,760	40,957	115,335
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						115,335

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4			41,618	32,760	40,957	115,335
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			888	36	96	1,020
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						116,355
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	40,189
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.12%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	15	99.21%
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2010.** 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—2009.** 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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**SKAGIT VALLEY SYMPHONY**

Employer identification number

**91-1649210**

**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
<b>CONCERT PROGAM ADVERTISING</b>	<b>\$ 5,345</b>
<b>TOTAL</b>	<b>\$ 5,345</b>

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
<b>EXPENSES</b>	<b>\$ 16,965</b>
<b>TELEPHONE</b>	<b>\$ 1,012</b>
<b>SUPPLIES</b>	<b>\$ 1,076</b>
<b>WEBSITE</b>	<b>\$ 3,103</b>
<b>COMPUTER EXPENSE</b>	<b>\$ 697</b>
<b>INSURANCE</b>	<b>\$ 2,406</b>
<b>ADDITIONAL MUSICIANS</b>	<b>\$ 1,250</b>
<b>BANK &amp; CREDIT CARD FEES</b>	<b>\$ 956</b>
<b>BOARD EXPENSE</b>	<b>\$ 179</b>
<b>CONCERT PRODUCTION LABOR</b>	<b>\$ 1,482</b>
<b>DUES &amp; SUBSCRIPTIONS</b>	<b>\$ 2,115</b>
<b>FOOD &amp; BEVERAGE</b>	<b>\$ 5,149</b>
<b>GUEST ARTISTS</b>	<b>\$ 3,800</b>
<b>LICENSES &amp; PERMITS</b>	<b>\$ 40</b>
<b>MISCELLANEOUS</b>	<b>\$ 95</b>
<b>MUSIC LIBRARIAN</b>	<b>\$ 900</b>
<b>MUSIC RENTAL &amp; PURCHASES</b>	<b>\$ 3,033</b>

Name of the organization <b>SKAGIT VALLEY SYMPHONY</b>	Employer identification number <b>91-1649210</b>
---	---

ORCHESTRA EXPENSE	\$	76
OTHER FUNDRAISING EXPENSE	\$	5,898
OTHER RENTAL FEES	\$	70
PERFORMANCE HALL RENTAL	\$	11,251
REPAIRS & MAINTENANCE	\$	250
STORAGE	\$	979
SUPPLIES	\$	3,132
TICKET & OTHER FEES	\$	6,103
SCHOOL CONCERT EXPENSES	\$	2,180
<b>TOTAL</b>	<b>\$</b>	<b>74,197</b>

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION		AMOUNT
UNREALIZED GAIN - ENDOWMENT FUND	\$	1,326
CONTRIBUTION - ENDOWMENT FUND	\$	6,625
CONTRIBUTION - YOUTH PROGRAM RESTRICTED FUNDS	\$	3,544
CONTRIBUTION - ORCHESTRA RESTRICTED FUNDS	\$	2,955
PURCHASE OF FIXED ASSETS	\$	-404

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUSICAL INSTRUMENTS & OFFICE EQUIP	\$ 26,748	\$ 27,152
LESS ACCUMULATED DEPRECIATION	\$ 5,350	\$ 10,713
INVESTMENT IN ENDOWMENT FUND	\$ 9,359	\$ 17,310
<b>TOTAL</b>	<b>\$ 30,757</b>	<b>\$ 33,749</b>

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

Name of the organization

SKAGIT VALLEY SYMPHONY

Employer identification number

91-1649210

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES WITHHELD	\$ 405	\$ 946

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE  
 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.

FORM 990-EZ, PART III, LINE 28 - FIRST ACHIEVEMENT  
 THE SKAGIT SYMPHONY PERFORMS FIVE PUBLIC CONCERTS EACH SEASON FOR WHICH  
 ADMISSION IS CHARGED. DURING 2010-11 AN AVERAGE OF 467 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 CONCERTS EACH SEASON 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.

**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 instructions)	1	500,000
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	2,000,000
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 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 2011. 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 instructions)**

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	5,362

**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 2010	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 2010 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 2010 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	<b>Total.</b> 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	5,362
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	

For Paperwork Reduction Act Notice, see separate instructions.