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Form **990-EZ**

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000 000 and total assets less than $2,500,000 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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 6/01/08 , and ending 5/31/09

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: SKAGIT VALLEY AERIE # 3242

Number and street (or P O box, if mail is not delivered to street address): 119 N. CHERRY

Room/suite

City or town, state or country, and ZIP + 4: BURLINGTON WA 98233

D Employer identification number: 23-7132595

E Telephone number: 360-755-0483

F Group Exemption Number ▶

- 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) ▶ MODIFIED CASH

I Website. ▶ N/A

J Organization type (check only one)— [X] 501(c) (10) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] 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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 663,154

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			10,459
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments SEE STATEMENT 1			25,109
	4	Investment income			3,626
	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) (attach sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [X]			
	a	Gross revenue (not including $ of contributions reported on line 1)	6a	354,571	
	b	Less direct expenses other than fundraising expenses	6b	329,467	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	25,104
	7a	Gross sales of inventory, less returns and allowances	7a	264,315	
	b	Less cost of goods sold	7b	169,326	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	94,989
	8	Other revenue (describe ▶ SEE STATEMENT 2)		8	5,074
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	164,361
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 3		10	36,975
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	38,975
	13	Professional fees and other payments to independent contractors		13	5,770
	14	Occupancy, rent, utilities, and maintenance		14	35,371
	15	Printing, publications, postage, and shipping		15	9,455
	16	Other expenses (describe ▶ SEE STATEMENT 4)		16	44,369
	17	**Total expenses.** Add lines 10 through 16 ▶		17	170,915
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,554
	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	289,703
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	283,149

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 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	224,874	22	223,006
23 Land and buildings	64,829	23	60,143
24 Other assets (describe ▶)		24	
25 **Total assets**	289,703	25	283,149
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	289,703	27	283,149

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

DAA

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?

DOMESTIC FRATERNAL ORGANIZATION, LOCAL CHARITIES

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

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 DONATIONS TO LOCAL CHARITABLE ACTIVITES

(Grants $ 36,975) If this amount includes foreign grants, check here ▶ ☐ 28a 45,662

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 5

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a 95,623

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 141,285

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
DAVE MOORE	VICE PRES. 5	0	0	0
DANNY GILBERT	PAST PRES. 5	0	0	0
JASON WEAVER	PRESIDENT 5	0	0	0
ARNIE BRUNZ	SECRETARY 10	6,859	0	0
BUTCH GILBERT	TREASURER 5	0	0	0
CHRIS WILSON	CHAPLAIN 5	0	0	0
DICK MOE	INSIDE GUARD 5	0	0	0
DICKIE SCOTT	OUTSIDE GRD 5	0	0	0
KEN DAVIES	TRUSTEE 5	0	0	0
KEN FRYE	TRUSTEE 5	0	0	0
BOB ROWE	TRUSTEE 5	0	0	0
DALE MC CALIB	AUDITOR 5	0	0	0
ANDY KOLLAR	TRUSTEE 5	0	0	0
RANDY RUSCHMANN	CONDUCTOR 5	0	0	0
DON DE VRIES	TRUSTEE 5	0	0	0

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

				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		33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		34		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 your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		36		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?		37b		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 unpaid at the start of the period covered by this return?		38a		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 (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____				
d	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		40e		X

41 List the states with which a copy of this return is filed ▶ WA

42a The books are in care of ▶ PATTY KIDDER Telephone no ▶ 360-755-0483

Located at ▶ 119 N. CHERRY BURLINGTON, WA ZIP + 4 ▶ 98233

				Yes	No
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)?		42b		X
	If "Yes," enter the name of the foreign country ▶ _____ 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 ▶ _____		42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

			Yes	No
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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the 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
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 Date 9-10-2010

▶ Type or print name and title ANDY KALLAR TRUSTEE

Paid Preparer's Use Only

Preparer's signature ▶ Date AUG 24 2010 Check if self-employed ▶ ☐ Preparer's Identifying Number (See instr) P00643792

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WILLIAMS & NULLE, PLLC, CPA'S
407 PINE ST
MOUNT VERNON, WA 98273-3853

EIN ▶ 91-0593897

Phone no ▶ 360-336-6611

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
SKAGIT VALLEY AERIE # 3242

Employer identification number
23-7132595

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DONKEY B-BALL (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	35,689			35,689
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	35,689			35,689
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	27,665			27,665
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	27,665
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	8,024

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue		234,493	17,482	251,975
Direct Expenses	2 Cash prizes		152,300	11,463	163,763
	3 Non-cash prizes		2,229		2,229
	4 Rent/facility costs				
	5 Other direct expenses		101,970	7,675	109,645
	6 Volunteer labor	☐ Yes % ☒ No	☒ Yes 21.40 % ☐ No	☒ Yes 21.40 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	275,637
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)			▶	-23,662

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		X
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		X
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers? 11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		X

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility — 13a: %		
b	An outside facility — 13b: %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ PATTY KIDDER 119 N. CHERRY Address ▶ BURLINGTON WA 98233		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $		
c	If "Yes," enter name and address Name ▶ Address ▶		
16	Gaming manager information Name ▶ 119 N. CHERRY BURLINGTON, WA 98233 Gaming manager compensation ▶ $ 11,500 Description of services provided ▶ DAILY REPORTS/STATE TAX RETURNS ☐ Director/officer ☒ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

DAA

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return: SKAGIT VALLEY AERIE # 3242

Identifying number: 23-7132595

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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

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 2007 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 2009 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	5,822

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 2008	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 2008 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	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2008 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 instr	22	5,822
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	

THERE ARE NO AMOUNTS FOR PAGE 2

Special Events Schedule

Form **990**

For calendar year 2008, or tax year beginning 6/01/08 , and ending 5/31/09

2008

Name

SKAGIT VALLEY AERIE # 3242

Employer Identification Number

23-7132595

	(A)	(B)	(C)	Others	Total
Gross receipts	66,907	0	0	0	66,907
Less contributions	0	0	0	0	0
Gross revenue	66,907	0	0	0	66,907
Less direct expenses	26,165	0	0	0	26,165
Net income (loss)	40,742	0	0	0	40,742

Description (A) DINNERS AND OTHER

(B)

(C)

Others

Amended Return Explanation

Description

THIS RETURN IS BEING AMENDED TO REFLECT THE FOLLOWING ADJUSTMENTS TO THE ORGANIZATION'S BOOKS:

1) PART I, LINE 4: INVESTMENT INCOME WAS UNDERSTATED BY $3,238 ON THE ORIGINAL RETURN.

2) PART I, LINE 6B: DIRECT EXPENSES FOR SPECIAL EVENTS AND ACTIVITIES WAS OVERSTATED BY $318 ON THE ORIGINAL RETURN. THIS AMOUNT IS NOW PROPERLY REPORTED UNDER REPAIRS AND MAINTENANCE EXPENSE ON PART I, LINE 16.

3) PART I, LINE 10: GRANTS AND SIMILAR AMOUNTS PAID WAS UNDERSTATED BY $5,553 ON THE ORIGINAL RETURN. THIS AMOUNT WAS REPORTED UNDER PART I, LINE 16 UNDER THE CAPTION "TEAM SPONSOR" ON THE ORIGINAL RETURN, BUT SHOULD HAVE BEEN REFLECTED HERE.

4) PART I, LINE 15: PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING WAS UNDERSTATED BY $9,455 ON THE ORIGINAL RETURN. THIS AMOUNT WAS REPORTED UNDER PART I, LINE 16 UNDER THE CAPTIONS "TELEPHONE","PRINTING AND PUBLICATIONS" AND "SUPPLIES" ON THE ORIGINAL RETURN, BUT SHOULD HAVE BEEN REFLECTED HERE.

5) PART I, LINE 16: THE TOTAL EXPENSES REPORTED ON THIS LINE WAS OVERSTATED BY $24,354 ON THE ORIGINAL RETURN. AS NOTED ABOVE, UNDERSTATEMENTS OF $5,553 AND $9,455 AND AN OVERSTATEMENT OF $318 WERE RECLASSIFIED FROM THIS LINE. THESE ITEMS TOTAL $14,690. THE REMAINING $9,664 DIFFERENCE CONSISTS OF AN OVERSTATEMENT IN SUPPLIES EXPENSE ON THE ORIGINAL RETURN.

6) PART I, LINE 22: CASH, SAVINGS AND INVESTMENTS WAS UNDERSTATED ON THE ORIGINAL RETURN BY $12,902.

7) SCHEDULE G, PART III, LINE 6: VOLUNTEER LABOR OF 21.4% RELATED TO GAMBLING ACTIVITIES WAS OMITTED FROM THE ORIGINAL RETURN.

8) SCHEDULE G, PART III, LINE 16: GAMING MANAGER INFORMATION WAS OMITTED FROM THE ORIGINAL RETURN.

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBER DUES	$ 25,109
TOTAL	$ 25,109

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS	$ 5,074
TOTAL	$ 5,074

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift			
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
PAST PRESIDENTS' CHARITIES	10,018					
SKAGIT VALLEY AUXILIARY CHARITIES	10,231					
TOTAL	20,249					

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
INSURANCE	13,781
MISCELLANEOUS	6,396
JANITORIAL	5,243
AERIE BENEFIT FUND	8,687
REPAIR & MAINTENANCE	10,262
TOTAL	$ 44,369

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
OPERATIONAL EXPENSES