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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

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	C Name of organization SPOKANE SYMPHONY ASSOCIATES Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 365 City or town, state or country, and ZIP + 4 SPOKANE, WA 99210	D Employer identification number 32-0108340
	E Telephone number 509-458-8733	
	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) _____

I Website: **HTTP://WWW.SPOKANESYMPHONYASSOC.ORG**

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

J Organization type (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

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. **\$ 370,855.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	105,046.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	8,583.
4	Investment income	4	46.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
6a	Gross revenue (not including reported on line 1)	6a	256,182.
6b	Less direct expenses (other than fundraising expenses)	6b	186,393.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	69,789.
7a	Gross sales of inventory less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe REBATES)	8	998.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	184,462.
10	Grants and similar amounts paid (attach schedule STMT 4)	10	158,000.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	500.
14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 3	14	327.
15	Printing, publications, postage, and shipping	15	4,569.
16	Other expenses (describe SEE STATEMENT 1)	16	26,746.
17	Total expenses. Add lines 10 through 16	17	190,142.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<5,680.>
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	16,556.
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	10,876.

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	20,701.	15,954.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 2)	815.	1,170.
25 Total assets	21,516.	17,124.
26 Total liabilities (describe DEFERRED REVENUE)	4,960.	6,248.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,556.	10,876.

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

Form 990-EZ (2008)

12
CA

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

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

What is the organization's primary exempt purpose? **SUPPORT FOR SPOKANE SYMPHONY ORCHESTRA**

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 6		
	(Grants \$ 158,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	186,393.
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	186,393.

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
LUCRETIA PLADERA P.O. BOX 365, SPOKANE, WA 99210	ADVISOR 1.00	0.	0.	0.
DEENA MOE CARUSO P.O. BOX 365, SPOKANE, WA 99210	V.P. FUNDRAISING 1.00	0.	0.	0.
LARRY DAVIS P.O. BOX 365, SPOKANE, WA 99210	V.P. COMMUNITY OUTREACH 1.00	0.	0.	0.
NANCY MACKENZIE P.O. BOX 365, SPOKANE, WA 99210	V.P. SERVICE PROJECTS 1.00	0.	0.	0.
PENELOPE JONES P.O. BOX 365, SPOKANE, WA 99210	TREASURER 4.00	0.	0.	0.
PATI DAHMEN RAY P.O. BOX 365, SPOKANE, WA 99210	SECRETARY 1.00	0.	0.	0.
SUSAN KENNEDY P.O. BOX 365, SPOKANE, WA 99210	V.P. MEMBERSHIP 1.00	0.	0.	0.
STEPHANIE LEWIS P.O. BOX 365, SPOKANE, WA 99210	V.P. EDUCATION 1.00	0.	0.	0.
DAVID ARNOLD P.O. BOX 365, SPOKANE, WA 99210	VP ADMINISTRATION 1.00	0.	0.	0.
JENNIFER OGDEN P.O. BOX 365, SPOKANE, WA 99210	PRESIDENT 15.00	0.	0.	0.
DIANE THOMAS P.O. BOX 365, SPOKANE, WA 99210	VP FUNDRAISING 1.00	0.	0.	0.
ANITA HERDENER P.O. BOX 365, SPOKANE, WA 99210	VP MEMBERSHIP 1.00	0.	0.	0.
VICTORIA FREEMAN WAGNER P.O. BOX 365, SPOKANE, WA 99210	VP SERVICE PROJECTS 1.00	0.	0.	0.
ELDONNA SHAW P.O. BOX 365, SPOKANE, WA 99210	VP COMMUNITY OUTREACH 1.00	0.	0.	0.
PEGGY SPRINGER P.O. BOX 365, SPOKANE, WA 99210	VP COMMUNITY OUTREACH 1.00	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		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		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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. ▶ WA		
42a	The books are in care of ▶ PENELOPE JONES Telephone no ▶ 509-458-8733 Located at ▶ PO BOX 365, SPOKANE, WA ZIP + 4 ▶ 99210		
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)? 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.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the US? 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 N/A		
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 only. All section 501(c)(3) organizations must answer questions 46-49 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(s) a section 527 organization?
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"

Table with 2 columns: Yes, No. Rows 46-49b with 'X' marks in the 'No' column.

Table for line 50: Five highest compensated employees. Column (a) Name and address of each employee paid more than \$100,000. All entries are 'NONE'.

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"

Table for line 51: Five highest compensated independent contractors. Column (a) Name and address of each independent contractor paid more than \$100,000. All entries are 'NONE'.

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

Sign Here section. Signature of officer: Penelope A. Jones, Treasurer. Date: 2/6/10.

Paid Preparer's Use Only section. Preparer's signature: William A. Some. Date: 2/4/10. Firm name: MCDIRMID, MIKKELSEN & SECREST, P.S. Address: 926 W. SPRAGUE AVE, STE 300, SPOKANE, WA 99201.4000. Phone: 509.747.6154.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization: **SPOKANE SYMPHONY ASSOCIATES** Employer identification number: **32-0108340**

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: (Please check only one organization.)

- 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). (Attach Schedule H.)
- 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)(vii). (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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 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?
- h Provide the following information about the organizations the organization supports.

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

(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	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 - 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						

12 Gross receipts from related activities, etc. (see instructions) 12

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** 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

b **33 1/3% support test - 2007.** 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

17a **10% -facts-and-circumstances test - 2008.** 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

b **10% -facts-and-circumstances test - 2007.** 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

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

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,807.	8,849.	7,785.	8,456.	113,629.	147,526.
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	309,249.	327,732.	475,130.	416,352.	256,182.	1,784,645.
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 - 5	318,056.	336,581.	482,915.	424,808.	369,811.	1,932,171.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		6,500.	6,500.	4,000.	17,000.	34,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b		6,500.	6,500.	4,000.	17,000.	34,000.
8 Public support (Subtract line 7c from line 6)						189,817.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	318,056.	336,581.	482,915.	424,808.	369,811.	1,932,171.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58.	239.	1,686.	1,028.	46.	3,057.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	58.	239.	1,686.	1,028.	46.	3,057.
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.)	303.	271.	285.	726.	998.	2,583.
13 Total support (Add lines 9, 10c, 11, and 12)						193,781.

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.95 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.94 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.16 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.14 %

19a 33 1/3% support tests - 2008. 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 - 2007. 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

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		CHRISTMAS TREE ELEGANCE (event type)	SUMMER SOIREE (event type)	5 (total number)		
Revenue	1	Gross receipts	190,109.	14,960.	20,503.	225,572.
	2	Less: Charitable contributions	102,746.		2,300.	105,046.
	3	Gross revenue (line 1 minus line 2)	87,363.	14,960.	18,203.	120,526.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	0.			
	7	Other direct expenses	95,790.	9,456.	5,490.	110,736.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(110,736.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				9,790.

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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes			16,700.	16,700.
	3	Non-cash prizes			47,617.	47,617.
	4	Rent/facility costs				
	5	Other direct expenses			11,340.	11,340.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(75,657.)	
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				59,999.	

9 Enter the state(s) in which the organization operates gaming activities: WA

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	.00 %
13b	100.00 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DEANNA KRIEGH

Address ▶ PO BOX 365 - SPOKANE, WA 99210

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	Yes	No
		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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- 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?
- 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 ▶ \$ _____

17a	Yes	No
		X

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONTRACT LABOR		18,489.	
RECEPTION EXPENSES		1,023.	
WEBSITE		390.	
DUES AND FEES		401.	
SUPPLIES		969.	
CONFERENCES, CONVENTIONS, MEETINGS		4,612.	
TELEPHONE		578.	
COMPUTER EXPENSE		284.	
TOTAL TO FORM 990-EZ, LINE 16		26,746.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
BULK MAIL ACCOUNT	220.	301.	
PREPAID EXPENSES	0.	602.	
OTHER DEPRECIABLE ASSETS	595.	267.	
TOTAL TO FORM 990-EZ, LINE 24	815.	1,170.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	3
DESCRIPTION		AMOUNT	
DEPRECIATION		327.	
TOTAL TO FORM 990-EZ, LINE 14		327.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
DONATION TO NON-PROFIT SPOKANE SYMPHONY ORCHESTRA P.O. BOX 365 SPOKANE, WA 99210	NONE	135,000.
DONATION TO NON-PROFIT SPOKANE SYMPHONY ORCHESTRA P.O. BOX 365 SPOKANE, WA 99210	NONE	15,000.
DONATION TO NON-PROFIT SPOKANE SYMPHONY ORCHESTRA P.O. BOX 365 SPOKANE, WA 99210	NONE	8,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		158,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FUNDRAISERS TO BENEFIT THE SPOKANE SYMPHONY SOCIETY WHICH SUPPORT THE ORCHESTRA'S GENERAL OPERATIONS AND VOLUNTEER EVENTS TO PROVIDE SYMPHONY RELATED EDUCATIONAL OPPORTUNITIES TO THE COMMUNITY.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only []

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Form fields: Type or print, Name of Exempt Organization (SPOKANE SYMPHONY ASSOCIATES), Employer identification number (32-0108340), Number, street, and room or suite no. (P.O. BOX 365), City, town or post office, state, and ZIP code (SPOKANE, WA 99210), COPY, McDIRMID, MIKKELSEN & SECREST, P.S.

Check type of return to be filed (file a separate application for each return):

- [X] Form 990, [] Form 990-T (corporation), [] Form 4720, [] Form 990-BL, [] Form 990-T (sec. 401(a) or 408(a) trust), [] Form 5227, [] Form 990-EZ, [] Form 990-T (trust other than above), [] Form 6069, [] Form 990-PF, [] Form 1041-A, [] Form 8870

PENELOPE JONES

- The books are in the care of PO BOX 365 - SPOKANE, WA 99210. Telephone No. 509-458-8733. FAX No.
If the organization does not have an office or place of business in the United States, check this box []
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box [] . If it is for part of the group, check this box [] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for: [] calendar year or [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

Table with 3 rows (3a, 3b, 3c) and 2 columns (Amount, Description). 3a: nonrefundable credits. 3b: refundable credits and estimated tax payments made. 3c: Balance Due. Subtract line 3b from line 3a. Amount: N/A.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.