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Department of the Treasury

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 1545-0047 2009 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 06/01/09 05/31/10 For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization D Employer identification number use IRS SKAGIT VALLEY AERIE # 3242 Address change label or 23-7132595 Doing Business As Name change print or type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 119 N. CHERRY 360-755-0483 Specific Termination City or town, state or country, and ZIP + 4 G Gross receipts\$ 556,749 Instruc X Amended return BURLINGTON WA 98233 F Name and address of principal officer H(a) Is this a group return for Application pending ARNE BRUNZ X No affdiates? Yes 119 NORTH CHERRY Yes BURLINGTON WA 98233 If "No," attach a list (see instructions) X 501(c) (10 Tax-exempt status ◀ (insert no) 4947(a)(1) or 527 Website: ▶ N/A H(c) Group exemption number ▶ Type of organization X Corporation Trust Association Year of formation M State of legal domictle Partil Summary Briefly describe the organization's mission or most significant activities DOMESTIC FRATERNAL ORGANIZATION, LOCAL CHARITIES ctivities & Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets SCANNED AUG 2 9 2011 Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 14 4 Total number of employees (Part V, line 2a) 13 5 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 10,4598 Contributions and grants (Part VIII, line 1h) 12,647 Program service revenue (Part VIII, line 2g) 27,563 3,626 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,172 150,276 90,195 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 131,577 164,361 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 36,975 34,103 14 Benefits paid to or for members (Part IX, column (A), line 4) 39,963 38,975 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column.(A); iline 11e). b Total fundraising expenses (Part/IX, column (D), line 25) 82,230 17 Other expenses (Part IX, column (4)) lines 11a-11d, 11f-24f) 94,965 18 Total expenses Add lines 13–17 must equal Part 18 column (A), line 25) 170,915 156,296 19 Revenue less expenses Subtract line 18 from line 12 -6,554 -24,719 Beginning of Current Year End of Year ò 20 Total assets (Part X, line 16) 283,149 258,430 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 283,149 258,430 Part II Signature Block Under penalties of pergury, 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 AND4 15) nustu Sign Here Signature of office ARNE BRUNZ SECRETARY Type or print name and title Preparer's identifying number Check if Preparer's (see instructions Paid signature P00643792 employed Preparer's WILLIAMS NULLE, & PLLC, CPA'S 91-0593897 EIN Firm's name (or yours **Use Only** ST 407 PINE if self-employed). Phone address, and ZIP + 4 MOUNT VERNON, WA 98273-3853 ▶ 360-336-6611

May the IRS discuss this return with the preparer shown above? (see instructions)

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

No

Yes

Form 990 (2009)

4d	Other program services (Describe in Sche	dule O)	· ·	
	(Expenses \$ 48,511	including grants of \$	` ) (Revenue \$	)
4e	Total program service expenses ▶	91,424		

Part IV Checklist of Required Sci
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.5
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete	.		
5	Schedule C, Part II	4		
J	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5		
٠	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 22
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	Ť	1	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		ŀ	
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	I	Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		T -	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	4	1 22	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ائة يُمَّ " سُلم	20	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	- , 📆 🚞		, — ,
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	- :		·
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	, - , &		i Tr
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	7		٠ <u>.</u> - "رُ
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	7		
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	E-100		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	292	2700	X
12Δ		12		<u> </u>
127	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X	1	_==-	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$-\dagger$	x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	, 44		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Eom	npp,	(2000)

_P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			1
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	х	ł
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ĺ
	24b through 24d and complete Schedule K If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ľ		1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		1	1
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	**		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		2.1 . 2.	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			ĺ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	00-		v
20	Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
٥,	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3,		- <u></u> -
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	:	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			~~~	

Pai	Triv Statements Regarding Other IRS Filings and Tax Compliance					
				Γ	Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4-	0			ŀ
	U.S. Information Returns. Enter -0- if not applicable.	1a 1b	0			}
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		<u> </u>	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal gaming (gambling) winnings to prize winners?	JIE		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			''		<del>                                     </del>
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		:	1
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Lu		2թ	х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			<u></u>		$\vdash$
	instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			1 -		
	this return?			3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ıty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				
	account)?			4a		X
b	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	<		1	•	-
	and Financial Accounts				_	·
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	g				
	Prohibited Tax Shelter Transaction?			_5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					,,
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•		ام		İ
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			L'		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			≞		i-
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<del>''</del>	-	
·	required to file Form 8282?			7 <sub>C</sub>		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- 10	- 1	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person			٦.,,;.		٠
	benefit contract?			7e	-	A
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<b>7</b> g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			ı		1
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				-	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			:	7 .	:-
	organization, have excess business holdings at any time during the year?			8	-	-
9	Sponsoring organizations maintaining donor advised funds.			1	-	-
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	-	1
10	Section 501(c)(7) organizations. Enter	40-	1	l		
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		$\dashv$	1	
ь 11	Section 501(c)(12) organizations. Enter	נוטט	<u> </u>	$\dashv$		1
'' a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	, .a		$\dashv$		
-	amounts due or received from them )	11b			ŀ	{
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 10			12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	
					. 000	(2009

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

119 N. CHERRY

98233

DAA

organization >

BURLINGTON

19

20

policy, and financial statements available to the public

PATTY KIDDER

360-755-0483

DAA

Form **990** (2009)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization	1	ate a	ny c			icer,	dired		( <del>-</del> )	,
(A) Name and Title	(B) Average hours per			(chec		that a		( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ARNIE BRUNZ									-	
SECRETARY	10.00	X		X				6,835	0	0
DANNY GILBERT	]	1								
JR. PAST PRES.	5.00	X		Х	<u> </u>			0	0	0
TEAL POTTER		l								
PRESIDENT	5.00	X	_	Х	_	↓_	<u> </u>	0	0	0
BUTCH GILBERT		l				}		'		_
TREASURER	5.00	X		Х		<u> </u>		0	0	0
DICK MOE		١	1	į						
INSIDE GUARD	5.00	X		<u> </u>		-	ļ	0	0	0
DICKIE SCOTT		١		İ						_
OUTSIDE GUARD	5.00	X	-	-		├	-	0	0	0
KEN DAVIES	- 00	🕌		Ì				,	_	•
TRUSTEE KEN FRYE	5.00	X	<del> </del>	<u> </u>	$\vdash$	┝	├	0	0	0
TRUSTEE	5.00	x			ļ			o	,	_
BOB ROWE	3.00	┝	-		$\vdash$				0	0
TRUSTEE	5.00	$ \mathbf{x} $						o	0	0
DALE MC CALIB	3.00	1	├	-	-	$\vdash$	┢			<u> </u>
AUDITOR	5.00	x						l o	o	0
ANDY KOLLAR	1 3133	+			一	t	$\vdash$			
TRUSTEE	5.00	x		ŀ				0	0	0
RANDY RUSCHMANN						t	1			
CHAPLAIN	5.00	x						l o	o	0
DON DE VRIES	1					Π				<u> </u>
TRUSTEE	5.00	x					İ	0	0	0
TIMOTHY SAXTON										
VICE PRESIDENT	5.00	x		X				0	0	0
		$\vdash$			$\vdash$	$\vdash$	$\vdash$			

Pa	rt VII · Section A Officers.	Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)	
	(A) Name and Title	(B) Average	Posi	tion (		C) kall ti	hat ap	ınlv)	(D) Reportable	(E) Reportable	(F) Estimated
	Name and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			-								
1b	Total							<u> </u>	6,835		
2	Total number of individuals (increportable compensation from the	<del>-</del>		o tho 0	se li	sted	abov	e) w	who received more than \$100	0,000 in	
3 4 5	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related org individual Did any person listed on line 1a	complete Schedul 1a, is the sum of panizations greate	e J fo repo r tha	or su rtable n \$15	ch in e cor 50,00	ndivid mper 002 l	dual nsatic If "Ye	n ar s," c	nd other compensation from complete Schedule J for suc		Yes No 3 X 4 X
_	services rendered to the organization		omp	lete S	Sche	dule	J for	suc	ch person		5 X
1	tion B. Independent Contractor  Complete this table for your five compensation from the organization	highest compen	sated	d inde	epen	dent	cont	racto	ors that received more than	\$100,000 of	
	(A) Name and business address								Descrip	(B) tion of services	(C) Compensation
											_
	_										
	2										
2 DAA	Total number of independent compensate than \$100,000 in compen	•	-			ited	to the	sel	isted above) who received		0 50m <b>990</b> (2009)

23-7132595

	rt V	III Statem	ent of Reve	nue						1 age 3
	•					• • • • • • • • • • • • • • • • • • • •	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated camp	paigns	1a						
gifts, grants ilar amounts		Membership du	-	1b						
ğΕ		Fundraising eve		1c						
i i		Related organiz		1d						
S, E		Government grants (		1e						
. <u>s</u> =		All other contributions	· ·	-10						
the st	•	and similar amounts		1f		12,647				
들힘		Noncash contribution	c included in lines 12		\$ \$	12,01,				
Contributions, and other simi	-	Total. Add lines		"	Ψ		12,647	-	-	
<u> </u>		Total. 7 da inico	, 14 11			Busn. Code	/			
Program Service Revenue	2a	MEMBER I	ITRS			Busin. Oode	27,563	27,563		
e l	b		.025							
8	Č									
ES	d									
E	_									
gra	f	All other progra	m seniice reveni	10			<del>.</del> .			
옶		Total Add lines		30		<b>•</b>	27,563	-		, .
$\dashv$				vidend	s interes	-	u.,,			,
	3 Investment income (including dividends, interest, and other similar amounts)						1,172			1,172
	4	Income from inv	' <del>-</del> '	exempt	hond nre	rceeds •				
	5	Royalties	restrictit of tex-c	Acmp	bona pre	>CCCGG				
	•	rtoyantes	(ı) Real		(n)	Personal	,			~**
	6a	Gross Rents	(77.50					*		
1		Less rental exps					- "			-   + =
		Rental inc or (loss)				<del></del>	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	, -		
- 1	d	Net rental incom	ne or (loss)				ا تَا تَّدُ شَدَ شَدَ	,		11.01.11.11
١		Gross amount from	(i) Secunties		(1	ı) Other	, <u> </u>		- 1	- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		sales of assets other than inventory			<del> `</del>					1
	b	Less cost or other			1					
	-	basis & sales exps			1			u 1.		·: `
	С	Gain or (loss)			1			7	. L	
		Net gain or (los	e)		1	<b>&gt;</b>			سمينام " د د .	int v Time.
ŀ		Gross income fro	•	nts	[		Carrette Fig.	7	*, = == :, =	
2	-	(not including \$	in tunulululululu					,		
Revenue			eported on line 1c)					i	- :-:	8 <u>- 2                                  </u>
		See Part IV, line		а		80,879				
Other	h	Less direct exp		b		43,020		.+		, , <u>-</u>
٥Į		Net income or (			events	•	37,859	37,859		
		Gross income fro		_		<u> </u>	(1) , ".,		:	
ļ		See Part IV, line		a		166,899				
Ì	h	Less direct exp		b		206,706		1-2		
1		Net income or (			vities	•	-39,807	-39,807	<del></del>	
ı		Gross sales of	-	5						
l		returns and allo		а	1	262,084		-		
	b	Less cost of go		b		175,446				
		Net income or (			entory	•	86,638	86,638		
-			ellaneous Revenue			Busn Code				
						ì	5,505	5,505		
}	11a	MISCELLAN	BOUS							
	11a b	MISCELLAN	BOUS							
		MISCELLAN	BOUS							
	b c	MISCELLAN								
	b c d		ie			<b>•</b>	5,505			

Form 990 (2009) SKAGIT VALLEY AERIE #

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			, _,	
	organizations in the U.S. See Part IV, line 21	34,103	34,103	,	
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				<u> </u>
3	Grants and other assistance to governments,				. 117 1
·	organizations, and individuals outside the				1
	U S See Part IV, lines 15 and 16				,
4	·				
4	Benefits paid to or for members  Compensation of current officers, directors,		·		
5	•	6,835		6 025	
_	trustees, and key employees	0,033		6,835	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,183		29,183	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	202		202	
10	Payroll taxes	3,743		3,743	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting			•	
d	Lobbying				
-	Professional fundraising services See Part IV, line 17		}		
f	Investment management fees			<del></del>	
-	Other				
g 12	Advertising and promotion				
	_	8,557		8,557	
13	Office expenses	0,337		0,337	
14	Information technology				
15	Royalties				
16	Occupancy				<u> </u>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,787	4,787		
23	Insurance	13,354		13,354	
			, T	_	
24	Other expenses Itemize expenses not	,	,		
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed		,	-	
	5% of total expenses shown on line 25 below )				- "
а	UTILITIES	22,181	22,181		
b	REPAIR & MAINTENANCE	10,786	10,786		
C	AERIE BENEFIT FUND	8,810	8,810		
d	JANITORIAL	5,653	5,653		
e	PROPERTY TAXES	5,202	5,202		
f	All other expenses	2,900	-,- <b></b>	2,900	
25	Total functional expenses. Add lines 1 through 24f	156,296	91,522	64,774	
26	Joint costs. Check here	230,230	71,322	01///1	
20	SOP 98-2 Complete this line only if the		!		
	organization reported in column (B) joint costs				[
	from a combined educational campaign and	1			
DAA	fundraising solicitation	<u> </u>			Form <b>990</b> (2009)
٥, ٥ ،					rom <b>JJU</b> (2009)

Pá	art X	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			108,621	1	115,321
l	2	Savings and temporary cash investments			114,385	2	80,466
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tro	ustees, key				
		employees, and highest compensated employees. Comple	ete Part II of				
		Schedule L			5		
	6	Receivables from other disqualified persons (as defined up	nder section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B	3) Complete				
		Part II of Schedule L	, ,			6	·
왍	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment cost or				<del></del>	
		other basis Complete Part VI of Schedule D	10a	260,542			
	ь	Less accumulated depreciation	10b	197,899	60,143	10c	62,643
		Investments—publicly traded securities				11	0-70-0
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1		283,149	16	258,430
	17	Accounts payable and accrued expenses	<u>'                                      </u>		200,215	17	230,130
	18	Grants payable			•	18	
	19	Deferred revenue				19	
		Tax-exempt bond liabilities				20	-
ဖွ	21	Escrow or custodial account liability Complete Part IV of S	Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees					
≣∣		employees, highest compensated employees, and disquali	•			Ξ.,	1 7
<u>.</u> 9.		persons Complete Part II of Schedule L	incu			22	
-	23	Secured mortgages and notes payable to unrelated third p	arties			23	
- 1	24	Unsecured notes and loans payable to unrelated third part				24	
-	l	Other liabilities Complete Part X of Schedule D				25	
	1	Total liabilities. Add lines 17 through 25				26	
S.		Organizations that follow SFAS 117, check here ▶ 🄀	₹ and			`	
ၓၟႍ		complete lines 27 through 29, and lines 33 and 34.	-		F 1 7 1-	:	
<u> </u>	27	Unrestricted net assets			283,149	27	258,430
Balances	28	Temporarily restricted net assets				28	
ᄝ	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check her	re 🕨 🗍			-	
בַ		and complete lines 30 through 34			** · · · · · · · · · · · · · · · · · ·	`.	
ွှ	30	Capital stock or trust principal, or current funds				30	<u> </u>
ĕ	31	Paid-in or capital surplus, or land, building, or equipment fi	und			31	
ğΙ	32	Retained earnings, endowment, accumulated income, or of				32	
Net Assets or	33	Total net assets or fund balances			283,149	33	258,430
<b>=</b> 1	34	Total liabilities and net assets/fund balances			283,149	34	258,430

Form **990** (2009)

Form	1990 (2009) SKAGIT VALLEY AERIE # 3242 23-7132595		<u>Pa</u>	ge 12
Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFIED CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in			-
	Schedule O		-	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		-	: -
	issued on a consolidated basis, separate basis, or both	,	-	- 1
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	·		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		For	ո 990	(2009)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number

SI	KAGIT VALLEY AERIE # 3242		23-7132595
	ort I Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	unds or Other Similar Funds or	
	the organization answered Tes to Form 990,	I	(h) Funds and other associate
	<del>-</del>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)	ļ	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	rt II : Conservation Easements. Complete if the org		n 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all	٠	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic str	ructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	n
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure include	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization du	uring
	the taxable year ▶		
4	Number of states where property subject to conservation easement is local	ated <b>&gt;</b>	
5	Does the organization have a written policy regarding the periodic monitor	ing, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year	
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year	
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easement	ts in its revenue and expense statement, and	d
	balance sheet, and include, if applicable, the text of the footnote to the org	janization's financial statements that describ	es
	the organization's accounting for conservation easements		
Pa	Organizations Maintaining Collections of Art		Similar Assets.
	Complete if the organization answered "Yes" to		-d
1a	If the organization elected, as permitted under SFAS 116, not to report in		
	art, historical treasures, or other similar assets held for public exhibition, e	•	ic service,
	provide, in Part XIV, the text of the footnote to its financial statements that		
þ	If the organization elected, as permitted under SFAS 116, to report in its r		
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice,
	provide the following amounts relating to these items		<b>&gt;</b> 0
	(i) Revenues included in Form 990, Part VIII, line 1		<u> </u>
_	(ii) Assets included in Form 990, Part X		5
2	If the organization received or held works of art, historical treasures, or other	•	tne
	following amounts required to be reported under SFAS 116 relating to the	se items	
а	·		<b>* - - - - - - -</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$ <u>_</u>

Part:VI	Investments—Land, Bu	uildings, and Equipment	. See Form 990, Part	X, line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			20,000	-	20,000
<b>b</b> Building:	<b>S</b>		61,124	32,487	28,637
c Leaseho	ld improvements		43,902	43,902	
<b>d</b> Equipme	ent		135,516	121,510	14,006
e Other					
otal. Add line	s 1a through 1e (Column (d) mus	t equal Form 990. Part X. column	(B), line 10(c) )	•	62.643

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 SKAGIT VALLEY AERIE #	3242	23-7132595	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12		·
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	r market value
Financial derivatives			
Closely-held equity interests			
Other			<del></del> -
		<u> </u>	<del> </del>
			<del> </del>
<del></del>			
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	) D + V   P + 40		-
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-year	ir market value
			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.			- "" ·
(a) Description			(h) Pook intro
(a) Description			(b) Book value
	<del></del>	<del></del>	
			<del> </del>
			<del>.</del>
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	25	•	
1 (a) Description of liability	(b) Amount		
Federal income taxes	(-,	<b>-</b>	
Todala modific taxos	<del>                                     </del>	7	<u>:</u>
	<u> </u>	7	
	†		
		7	
		7	
		┥	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		-	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiza	ation's financial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48	o microidi statements	roporto trio	
and			

Sche	dule D (Form 990) 2009 SKAGIT VALLEY AERIE # 3242		23-713259	5	Page <b>4</b>
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	o Aud	lited Financial Stater	nent	
1	*Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	· · · · · · · · · · · · · · · · · · ·
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments		[	4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV )			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem	ents \	With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		•	1	· · · · · · · · · · · · · · · · · · ·
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		Ĭ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[	l T	, -	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV )	4b		-[	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Ţ	5	
Pa	it XIII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses per I	Retu	rn
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		. [	٠.	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		-	
đ	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			; [	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-,	
b	Other (Describe in Part XIV)	4b		* \****	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
· Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	4b Also complete		
this p	art to provide any additional information				
			· <b></b>		
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Sche	dule l	D (Fo	orm 9	90) 2	2009	ı	SF	ζAC	GI?	L 7	VAI	LE	ĽΥ	ΑF	ERI	E	#	32	242	?					2	3 - 7	132	259	5				Р	age <b>5</b>
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### SCHEDULÈ G (Form 990 or 990-EZ

Total

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047 2009

Open To Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number SKAGIT VALLEY AERIE # 3242 23-7132595 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 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? 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 (III) Did fund-(i) Name of individual (vi) Amount paid to (ii) Activity (IV) Gross receipts (v) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions Yes

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

_	edule art I		vents. Complete if the org	EY AERIE # 3242 anization answered "Yes" t		ne 18, or reported
	· -	more than \$15	·	6a List events with gross		5,000
			(a) Event #1  DINNERS AND OTH (event type)	(b) Event #2  DONKEY B-BALL (event type)	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less Charitable contributions	52,725	28,154		80,879
	3	Gross revenue (line 1 minus line 2)	52,725	28,154		80,879
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	20,927	22,093		43,020
	10 11		Add lines 4 through 9 in column (d) mbine line 3, column (d), and line 10		<b>&gt;</b> (	43,020 <sub>)</sub> 37,859
P	art I		plete if the organization an on Form 990-EZ, line 6a.	swered "Yes" to Form 990,	Part IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
 Re	1	Gross revenue		164,627	2,272	166,899
ses	2	Cash prizes		104,646		104,646
Expenses	3	Noncash prizes		664		664
Direct	4	Rent/facility costs				
	5	Other direct expenses		97,650		101,396
	6	Volunteer labor	Yes % X No	X Yes 21.40 %	X Yes 21.40 %	· · · · · · · · · · · · · · · · · · ·
	7	Direct expense summary	Add lines 2 through 5 in column (d	)	<b>▶</b> k	206,706
	8	Net gaming income sumn	nary Combine line 1, column d, and	l line 7	<b>&gt;</b>	-39,807
9 a b	ls t		e organization operates gaming activ operate gaming activities in each of			9a X
10a b		ere any of the organization's Yes," Explain	s gaming licenses revoked, suspend	ded or terminated during the tax year	2	10a X
11	Do	es the organization operate	e gaming activities with nonmembers	s? member of a partnership or other en		11 X

formed to administer charitable gaming?

Sche	edule G (Form 990 or 990-EZ) 2009 SKAGIT VALLEY AERIE # 3242 23-71325	<del>)</del> 5	F	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility 13a %			
b	An outside facility %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books	1		İ
	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?	15a		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 ▶ \$	1::.	٠	] `
С		]- :		
	, •	]		-
	Name >	- ':	,	
			1	
	Address ▶	477.5		l
		1-1-		]
16	Gaming manager information	-		1
	Caring Harage Internation			1
	Name ▶ 119 N. CHERRY BURLINGTON, WA 98233	1	. '	
	Number 220 111 011211112			l·
	Gaming manager compensation ▶ \$ 6,886	15.0	_	
	Carning manager compensation P	7-7		
	Description of services provided DAILY REPORTS/STATE TAX RETURNS	-1	, , , , ,	-
	Description of services provided P DAILLI RUL ONLD, DIVILLI TALL NULL ONLD	1.5-1		;
	Director/officer X Employee Independent contractor		- 1	-
	birector/officer Employee independent contractor	27.7	=	
47	Mandatan distributions	130	_	
17	Mandatory distributions	المائية - و	j., . '	
а	3 31	.100.	:	- T
	retain the state gaming license?	17a	-	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	7		,
	in the organization's own exempt activities during the tax year ▶ \$		L* '	1 -

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part I

990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22

▶ Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

SKAGIT VALLEY AERIE # 3242
General Information on Grants and Assistance

Employer identification number

23-7132595

600	to Public ection
20	Open to Inspec

OMB No 1545-0047

o X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation assistance (f) Method of valuation (f) Amount of cash grants (f) Amount of cash grants (f) Amount of cash grants (f) Amount of cash grants (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount of cash grant (f) Amount 10,576 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? SKAGIT VALLEY AUXILIARY CHARITIES WA 98233 (a) Name and address of organization Enter total number of other organizations SAME AS REPORTING ENTITY or government BURLINGTON Part II

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

Schedule I (Form 990) 2009

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Schedule | (Form 990) 2009 SKAGIT VALLEY AERIE # 3242

23-7132595

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	e to Individuals in the	ne United States. Co	mplete if the organiz	ation answered "Yes" to Fo	orm 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if additic	onal space is needed			• !
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
						-
						-
ļ ,						
						-
				,		
						-

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

Part IV

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information

Attach to Form 990

2009 Open to Public Inspection

OMB No 1545-0047

SKAGIT VALLEY AERIE # 3242

Employer identification number 23 - 7132595

AMENDED RETURN EXPLANATION

THIS RETURN IS BEING AMENDED TO CORRECT FOR A DEPOSIT IN TRANSIT OF \$2,166
AND AN OVERSTATEMENT OF FUNDRAISING INCOME OF \$5,920. THE NATURE OF THESE
DIFFERENCES WERE DISCOVERED AFTER THE ORIGINAL RETURN HAD BEEN
FILED. THE AGGREGATE DIFFERENCE OF \$8,086 WAS PREVIOUSLY RECORDED IN
GAMBLING INCOME, WHICH INCREASED BY THIS AMOUNT AS A RESULT OF THIS
AMENDMENT.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS OPERATIONAL EXPENSES

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE GENERAL MEMBERSHIP OF THE ORGANIZATION VOTES ON THE MEMBERS OF THE

BOARD OF TRUSTEES/OFFICERS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
THE GENERAL MEMBERSHIP VOTES ON ALL MAJOR EXPENDITURES OF THE ORGANIZATION.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION'S FINANCIAL COMMITTEE REVIEWS THE 990 AND PRESENTS IT TO
THE BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION OF THE SECRETARY IS ESTABLISHED BY THE GRAND AERIE PARENT

ORGANIZATION AND VOTED UPON BY THE GENERAL MEMBERSHIP.

Name of the organization

SKAGIT VALLEY AERIE # 3242

Employer identification number 23 - 7132595

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION MEMBERS OF THE PUBLIC MAY REQUEST DOCUMENTS FROM THE ORGANIZATION IN WRITING OR IN PERSON AND THE ORGANIZATION WILL RESPOND IN A TIMELY MANNER.

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

► See separate instructions Name(s) shown on return Identifying number SKAGIT VALLEY AERIE # 3242 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 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 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) 6 (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 Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15  $4,\overline{787}$ Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 0 17 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 (b) Month and year (c) Basis for depreciation (business/investment use (d) Recover (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs 27 <u>5 yrs</u> Residential rental MM S/I property 27 5 yrs MM S/L Nonresidential real MM 39 yrs S/L property 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 40-year мм S/L 40 yrs С Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 4,787 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the