



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

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

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>Bucks County Symphony Society, Inc.</b>	D Employer identification number <b>23-1875243</b>
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) <b>P. O. Box 500</b>	E Telephone number <b>215-348-7321</b>
<input type="checkbox"/> Name change		Room/suite	
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			F Group Exemption Number ►
<input type="checkbox"/> Application pending		City or town, state or country, and ZIP + 4 <b>DoylesTown PA 18901</b>	

► 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: ► **buckscountysymphony.org**J Tax-exempt status (check only one) —  501(c) ( 3 ) ▲ (insert no)  4947(a)(1) or  527

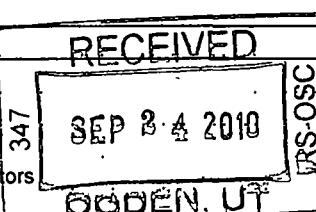
H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **152,499**

## 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	74,635
2 Program service revenue including government fees and contracts	2	30,277
3 Membership dues and assessments	3	
4 Investment income	4	1,522
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	46,065
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	7,384
b Less direct expenses other than fundraising expenses	6c	38,681
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ►	9	145,115
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	600
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	1,361
13 Professional fees and other payments to independent contractors	14	11,038
14 Occupancy, rent, utilities, and maintenance	15	18,849
15 Printing, publications, postage, and shipping	16	100,091
16 Other expenses (describe ► <b>See Statement 1</b> )	17	131,939
17 Total expenses. Add lines 10 through 16	18	13,176
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	99,602
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)	20	
20 Other changes in net assets or fund balances (attach explanation)	21	112,778
21 Net assets or fund balances at end of year Combine lines 18 through 20		



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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	99,602	22	112,778
23 Land and buildings		23	
24 Other assets (describe ►		24	
25 Total assets	99,602	25	112,778
26 Total liabilities (describe ►	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,602	27	112,778

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

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

**What is the organization's primary exempt purpose?**

See Statement 2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 Society supports community orchestra which provides classical and pops concerts for the residents of Bucks County, PA and the surrounding communities.

(Grants \$  ) If this amount includes foreign grants, check here

► 28a 124, 686

28

124,686

29 Provide grants to students pursuing a music education.

(Grants \$ 600) If this amount includes foreign grants, check here ► 29a 600

30

(Grants \$ ) If this amount includes foreign grants, check here ► 30a

**31 Other program services (attach schedule)**

If this amount includes foreign grants, check here  31a -1

**32 Total program service expenses (add lines 28a through 31a)**

31

-1

**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
See Attached		0	0	0

**See Attached**

2. *Urticaria* (hives)

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a  ► 37a

37a Enter amount of political expenditures, direct or indirect, as described in the instr. 37b

b Did the organization file Form 1120-POL for this year? 38a

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations Enter 39b

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40b

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c  ► \_\_\_\_\_

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d  ► \_\_\_\_\_

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► **PA**42a The organization's books are in care of ► **Elizabeth Clark** Telephone no ► **18901**  
25 W. Court StreetLocated at ► **Doylestown, PA**ZIP + 4 ► **18901**

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 43 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b		
36	<input checked="" type="checkbox"/>	
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b	<input checked="" type="checkbox"/>	
40c		
40d		
40e	<input checked="" type="checkbox"/>	

	Yes	No
42b	<input checked="" type="checkbox"/>	
42c		<input checked="" type="checkbox"/>

	Yes	No
44	<input checked="" type="checkbox"/>	
45		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		49a	X
b	If "Yes," was the related organization a section 527 organization?		49b	

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

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

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

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

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

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Elizabeth Clark</i>	Date 9/16/10	Preparer's Identifying Number (See instr.) P00006104
	Signature of officer <i>Elizabeth Clark</i>	Date Treasurer	
<b>Paid Preparer's Use Only</b>	Preparer's signature RICHARD UNDERWOOD	Date 08/25/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Ellenoff, Underwood & Norman 25 W Court St Doylestown, PA 18901		EIN ► 23-2588313
			Phone no ► 215-348-9504
May the IRS discuss this return with the preparer shown above? See instructions Yes <input type="checkbox"/> No <input type="checkbox"/>			

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

**Employer identification number**

23-1875243

## Bucks County Symphony Society, Inc.

**Part I** **Reason for Public Charity Status** (All organizations must complete)

The organization is not a private foundation because it is ( (or lines 1 through 11, check only one box)  1. A corporation or trust, or a group of persons, organized or structured described in section 170(b)(1)(A)(ii)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  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 supported organization(s)

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

For P

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

---

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						► <input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	55,970	60,263	58,415	81,606	74,635	330,889
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	81,163	54,513	72,523	67,857	76,342	352,398
3 Gross receipts from activities that are not an unrelated trade or business under section 513					46,065	46,065
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	137,133	114,776	130,938	149,463	197,042	729,352
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	41,279	47,338	53,466	54,334	39,028	235,445
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	41,279	47,338	53,466	54,334	39,028	235,445
8 Public support (Subtract line 7c from line 6.)						493,907

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	137,133	114,776	130,938	149,463	197,042	729,352
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,143	958	1,378	1,023	1,522	6,024
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,143	958	1,378	1,023	1,522	6,024
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	138,276	115,734	132,316	150,486	198,564	735,376
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 2009 (line 8, column (f) divided by line 13, column (f))	15	67.16%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	62.04%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Employer identification number**  
**23-1875243**

**Name of the organization**

## Bucks County Symphony Society, Inc.

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

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

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

	(a) Event #1 <b>DINNER/HOUSE PA</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>None</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	46,065		46,065
	2 Less Charitable contributions			
	3 Gross revenue (line 1 minus line 2)	46,065		46,065
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	7,384		7,384
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► 7,384
	11 Net income summary. Combine line 3, column (d), and line 10			► 38,681

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			► ( )
	8 Net gaming income summary. Combine line 1, column d, and line 7			►

9 Enter the state(s) in which the organization operates gaming activities:  
 a Is the organization licensed to operate gaming activities in each of these states?  
 b If "No," Explain

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

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?

13 Indicate the percentage of gaming activity operated in.

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

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

Name ► **Elizabeth Clark**  
**25 W. Court Street**  
 Address ► **Doylestown**

**PA 18901**

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

- 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 of the third party:

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 ► \$

15a      X

17a      X

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
OFFICE	1,328
MUSICAL PERFORMERS	82,633
INSTRUMENT RENTAL/REPAIR	1,905
BANK FEES	452
STAGE CREW	1,869
MUSIC	2,685
PUBLIC RELATIONS	1,095
ADVERTISING	6,667
TELEPHONE	417
DUES	1,040
Total	<u>\$ 100,091</u>

**Federal Statements****Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

Society supports community orchestra which provides classical and pops concerts for the residents of Bucks County, PA and the surrounding communities.

## Federal Statements

## Statement 3 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Employee					
CURTIS COWGILL 206 MURRAY DR DOYLESTOWN, PA 18901	PRESIDENT	5.00	0	0	0
DIANE BILHEIMER 4225 ERICA DR DOYLESTOWN, PA 18902	V-PRESIDENT	3.00	0	0	0
CLIFFORD HEIZMANN 4530 FOOT HILL DR DOYLESTOWN, PA 18901	TREASURER	3.00	0	0	0
CAROLYN EVANS 1424 MARKELEY ST NORRISTOWN, PA 19401	RECORDING SE	3.00	0	0	0
SONJA IRWIN 14 CRESTWOOD CIR NEW HOPE, PA 18938	ORCHESTRA RE	1.00	0	0	0
CAROLYN HOPKINS 374 MAPLE AV DOYLESTOWN, PA 18901	ORCHESTRA RE	1.00	0	0	0
RICHARD IRWIN 14 CRESTWOOD CIR NEW HOPE, PA 18938	PAST PRESIDE	1.00	0	0	0
LAURA GARAWSKI 62 E DARK HOLLOW RD PIPERSVILLE, PA 18947	CORR SECRETA	1.00	0	0	0
ELIZABETH CLARK 25 W COURT ST DOYLESTOWN, PA 18901	MEMBER	1.00	0	0	0
SUELLEN BOCK 11 HONEYSUCKLE LN	MEMBER	1.00	0	0	0

## Federal Statements

## Statement 3 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MILFORD, NJ 08848	MEMBER	1.00	0	0	0
L EUGENE BROWN 201 E COURT ST DOYLESTOWN, PA 18901	MEMBER	1.00	0	0	0
D RODMAN EASTBURN 110 SHORT RD DOYLESTOWN, PA 18901	MEMBER	1.00	0	0	0
NORMA PEREZ 5056 VALLEY PARK RD DOYLESTOWN, PA 18902	MEMBER	1.00	0	0	0
J HENRY WARREN PO BOX 476 SOLEBURY, PA 18963	MEMBER	1.00	0	0	0
WILLIAM A VANTINE 2034 STURBRIDGE DR JAMISON, PA 18929	MEMBER	1.00	0	0	0
MICHAEL KETNER 1728 FAIRWAY DR JAMISON, PA 18929	MEMBER	1.00	0	0	0
LOIS KEAR 202 E COURT ST DOYLESTOWN, PA 18901	MEMBER	1.00	0	0	0
MARY ELLEN PITCAIRN 61 E DARK HOLLOW RD PIPERSVILLE, PA 18947	MEMBER	0	0	0	0
ERIC SCHAFFHAUSEN 3312 RIDGE RD PERKASIE, PA 18944	MEMBER	1.00	0	0	0

## Federal Statements

Statement 3 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CHRISTINE SODERMAN-FIGUEROA PO BOX 653 HOLICONG, PA 18928	MEMBER	1.00	0	0	0
BARBARA DONNELLY 3 MAPLE CT CARVERSVILLE, PA 18913	MEMBER	0	0	0	0
JOANNE MURRAY 77 BUCK RD WARRINGTON, PA 18976	MEMBER	1.00	0	0	0
MARIE SPRENGER REGAN DRIVE SELLERSVILLE, PA 18960	MEMBER	1.00	0	0	0