

Form **990**

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1330 STATE STREET City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 93101	D Employer identification number 95-2104089
		E Telephone number 805-898-9386	G Gross receipts \$ 3,008,404.
		F Name and address of principal officer: JOHN ROBINSON SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
		J Website: ▶ HTTP://WWW.THESYMPHONY.ORG	
		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1953 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION PROVIDES PERFORMANCES OF CLASSICAL MUSIC TO THE RESIDENTS OF THE COMMUNITY</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	385
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		2,010,013.	1,974,145.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		822,745.	801,141.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,713.	13,327.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,831.	21,279.
		2,885,302.	2,809,892.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		125,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,023,076.	1,579,533.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 197,324.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,492,491.	967,750.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,515,567.	2,672,283.	
19 Revenue less expenses. Subtract line 18 from line 12	369,735.	137,609.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,050,246.	1,181,031.
	22 Net assets or fund balances. Subtract line 21 from line 20	464,205.	457,381.
		586,041.	723,650.

Part II Signature Block

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

Sign Here	Signature of officer JOHN ROBINSON, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MACFARLANE, FALETTI & CO. LLP 115 E. MICHELTORANA ST. #200 SANTA BARBARA, CA 93101	EIN ▶	Preparer's identifying number (see instructions) Phone no. ▶ 805 966-4157

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO BE A HIGHLY RESPECTED SYMPHONY ORCHESTRA, PERFORMING GREAT WORKS WITH PASSION AND EXCELLENCE. TO BE AN INDISPENSABLE PARTNER TO OUR COMMUNITY, PROVIDING ENRICHMENT THROUGH INSPIRING CONCERTS, MUSIC EDUCATION PROGRAMS AND ACCESS FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,695,489.** including grants of \$) (Revenue \$ **721,584.**)
SEASON PROGRAM: SUBSCRIPTION CONCERTS, SERIES OF (7) EVENING & (7) MATINEE PERFORMANCES, WITH COMBINED ATTENDANCE OF APPROXIMATELY 17,500 PEOPLE.

4b (Code:) (Expenses \$ **159,576.** including grants of \$) (Revenue \$ **97,413.**)
ANNUAL CONCERTS: NEW YEAR'S EVE AND JULY 4TH CONCERTS WITH COMBINED ATTENDANCE OF APPROXIMATELY 9,250 PEOPLE.

4c (Code:) (Expenses \$ **139,629.** including grants of \$) (Revenue \$)
OUTREACH PROGRAM - FREE PERFORMANCES FOR GRADE SCHOOL CHILDREN IN 4TH, 5TH & 6TH GRADES IN SANTA BARBARA: CONCERTS FOR YOUNG PEOPLE; MUSIC VAN VISITS FOR 3RD GRADE CLASSES; YOUTH ORCHESTRA; SPECIAL ONE-TIME CONCERTS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ **1,994,694.**

**SANTA BARBARA SYMPHONY ORCHESTRA
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	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? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part 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 in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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 employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	34		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	385		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 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			
4a 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)?	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 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
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
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 gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a 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?	7a		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
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?	7g			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
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 amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a 31		
b	Enter the number of voting members that are independent		
	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: S. B. SYMPHONY ORCHESTRA ASSOC. - 805-898-9386 1330 STATE STREET, SANTA BARBARA, CA 93101

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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 did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES R. GREENE PAST PRESIDENT	1.00	X		X				0.	0.	0.
A.C MOORE TREASURER	1.00	X		X				0.	0.	0.
WILLIAM J. CALISE, JR. DIRECTOR	1.00	X						0.	0.	0.
NANCY RENSHAW DIRECTOR	1.00	X						0.	0.	0.
KELLY KNIGHT DIRECTOR	1.00	X						0.	0.	0.
PAKSY PLACKIS-CHENG DIRECTOR	1.00	X						0.	0.	0.
JOE DOBBS DIRECTOR	1.00	X						0.	0.	0.
JAN GILBERT EX OFFICIO DIRECTOR	1.00	X						0.	0.	0.
PATRICIA GREGORY DIRECTOR	1.00	X						0.	0.	0.
DONALD RICHARDSON DIRECTOR	1.00	X						0.	0.	0.
GILLIAN LAUNIE PRESIDENT	1.00	X		X				0.	0.	0.
H. WALLACE VANDEVER DIRECTOR	1.00	X						0.	0.	0.
JANET MCGINNIS SECRETARY/COUNSEL	1.00	X		X				0.	0.	0.
HARRIET MILLER DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SHASBERGER EX OFFICIO YOUTH PRESIDE	1.00	X						0.	0.	0.
HOWARD SIMON DIRECTOR	1.00	X						0.	0.	0.
MARLYN BERNARD BERNSTEIN DIRECTOR	1.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE CALVERT DIRECTOR	1.00	X					0.	0.	0.	
GABRIEL QUIROZ DIRECTOR	1.00	X					0.	0.	0.	
NIR KABARETTI EX OFFICIO DIRECTOR	1.00	X		X			0.	0.	0.	
JOHN MATUSZESKI DIRECTOR	1.00	X					0.	0.	0.	
KATHLEEN ROGERS DIRECTOR	1.00	X					0.	0.	0.	
ARTHUR SWALLEY DIRECTOR	1.00	X					0.	0.	0.	
KEVIN TEEL DIRECTOR	1.00	X					0.	0.	0.	
MARY ELLEN TIFFANY VP NOMINATING	1.00	X		X			0.	0.	0.	
GAYLE BEEBE DIRECTOR	1.00	X					0.	0.	0.	
DAVID BOHN DIRECTOR	1.00	X					0.	0.	0.	
1b Total							135,000.	0.	4,050.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2009)

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Part VIII Statement of Revenue						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	260,280.			
	e Government grants (contributions)	1e	20,740.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,693,125.			
	g Noncash contributions included in lines 1a-1f: \$		97,197.			
	h Total. Add lines 1a-1f		1,974,145.			
	Program Service Revenue	2 a CONCERT TICKET SALES	Business Code 711130	742,891.	742,891.	
b ADVERTISING		711130	58,125.	58,125.		
c CD & LOGO APPAREL SALE		711130	125.	125.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			801,141.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,327.		13,327.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	201,935.			
b Less: direct expenses		b	198,512.			
c Net income or (loss) from fundraising events			3,423.		3,423.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	711130	17,856.	17,856.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		17,856.			
12 Total revenue. See instructions.		2,809,892.	818,997.	0.	16,750.	

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2009)

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Part IX Statement of Functional Expenses

**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).**

Do not include amounts reported on lines 6b, 7b, 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	125,000.	125,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,000.	54,000.	40,500.	40,500.
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	1,184,626.	929,589.	184,804.	70,233.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	82,260.	74,980.	4,148.	3,132.
9 Other employee benefits	60,309.	41,621.	3,865.	14,823.
10 Payroll taxes	117,338.	98,333.	9,783.	9,222.
11 Fees for services (non-employees):				
a Management				
b Legal	1,443.		1,443.	
c Accounting	14,358.		14,358.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	131,890.	33,905.	80,153.	17,832.
12 Advertising and promotion	168,658.	168,658.		
13 Office expenses	113,148.	43,985.	53,834.	15,329.
14 Information technology				
15 Royalties				
16 Occupancy	79,900.	26,650.	53,250.	
17 Travel	117,546.	116,195.	1,337.	14.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,406.	2,140.	2,878.	1,388.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,385.		9,385.	
23 Insurance	13,634.	1,819.	11,815.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONCERT	103,584.	103,584.		
b STAGING & BOX OFFICE	64,507.	64,507.		
c OUTREACH	58,465.	58,465.		
d EQUIPMENT RENTAL & MAIN	47,047.	38,335.	8,712.	
e DEVELOPMENT	24,851.			24,851.
f All other expenses	12,928.	12,928.		
25 Total functional expenses. Add lines 1 through 24f	2,672,283.	1,994,694.	480,265.	197,324.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing		1		131,519.	
	2 Savings and temporary cash investments	873,244.		2	901,295.	
	3 Pledges and grants receivable, net	45,390.		3	44,850.	
	4 Accounts receivable, net	75,710.		4	55,000.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	22,831.		9	24,681.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	131,088.			
	b Less: accumulated depreciation	10b	107,402.	33,071.	10c	23,686.
	11 Investments - publicly traded securities			11		
	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)		1,050,246.	16		1,181,031.	
Liabilities	17 Accounts payable and accrued expenses	58,100.		17	29,764.	
	18 Grants payable			18		
	19 Deferred revenue	406,105.		19	427,617.	
	20 Tax-exempt bond liabilities			20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23 Secured mortgages and notes payable to unrelated third parties			23		
	24 Unsecured notes and loans payable to unrelated third parties			24		
	25 Other liabilities. Complete Part X of Schedule D			25		
	26 Total liabilities. Add lines 17 through 25		464,205.	26		457,381.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	382,404.		27	496,763.	
	28 Temporarily restricted net assets	203,637.		28	226,887.	
	29 Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds			30		
	31 Paid-in or capital surplus, or land, building, or equipment fund			31		
	32 Retained earnings, endowment, accumulated income, or other funds			32		
	33 Total net assets or fund balances		586,041.	33		723,650.
34 Total liabilities and net assets/fund balances		1,050,246.	34		1,181,031.	

Form 990 (2009)

SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION** Employer identification number **95-2104089**

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

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

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

	Yes	No
(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).

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

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"/>

SANTA BARBARA SYMPHONY ORCHESTRA

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.")	837,365.	1266217.	1682082.	2010013.	1974145.	7769822.
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	1021027.	933,335.	851,952.	914,469.	1003076.	4723859.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1858392.	2199552.	2534034.	2924482.	2977221.	12493681.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	163,006.	107,308.	227,663.	183,004.	213,005.	893,986.
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	82,719.	61,966.	131,454.	206,597.	176,080.	658,816.
c Add lines 7a and 7b	245,725.	169,274.	359,117.	389,601.	389,085.	1552802.
8 Public support (Subtract line 7c from line 6.)						10940879.

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	1858392.	2199552.	2534034.	2924482.	2977221.	12493681.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,795.	18,685.	18,010.	8,713.	13,327.	68,530.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,795.	18,685.	18,010.	8,713.	13,327.	68,530.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	25,496.	12,431.	18,876.	14,696.	17,856.	89,355.
13 Total support (Add lines 9, 10c, 11, and 12.)	1893683.	2230668.	2570920.	2947891.	3008404.	12651566.

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	86.48 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	87.34 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.54 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.49 %

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION

Employer identification number

95-2104089

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 13,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 117,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION

Employer identification number

95-2104089

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 6,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 24,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**SANTA BARBARA SYMPHONY ORCHESTRA
 ASSOCIATION**

Employer identification number

95-2104089

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 39,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 5,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**SANTA BARBARA SYMPHONY ORCHESTRA
 ASSOCIATION**

Employer identification number

95-2104089

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 132,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 24,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 7,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 290,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	40 SHARES IBM & 35 SHARES YUM BRAND	\$ 6,300.	12/21/09
10	473 SHARES CONOCO PHILLIPS	\$ 24,000.	10/15/09
41	300 SHARES EXXON MOBIL	\$ 20,000.	03/31/10
47	26 SHARES APPLE INC	\$ 5,000.	12/21/09
53	CATERING	\$ 7,480.	11/05/09
		\$	

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION

Employer identification number 95-2104089

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	203,637.	202,430.			
b Contributions	181,497.	203,637.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	158,247.	202,430.			
f Administrative expenses					
g End of year balance	226,887.	203,637.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment 100.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, 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				
b Buildings				
c Leasehold improvements				
d Equipment		107,213.	83,527.	23,686.
e Other		23,875.	23,875.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,686.

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,809,892.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,672,283.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	137,609.
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	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	137,609.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,809,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,809,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,809,892.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,672,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,672,283.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,672,283.

Part XIV Supplemental Information

Complete 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 2b; 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 part to provide any additional information.

PART V, LINE 4: THE SYMPHONY USES THE EARNINGS OF THE ENDOWMENT TO

ASSIST IN THE ORGANIZATION'S LONG TERM NEEDS IN PROVIDING A QUALITY

MUSICAL PROGRAM IN THE COMMUNITY.

PART X

FIN 48 DISCLOSURE:

AT JUNE 30, 2010, SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION IS NOT

AWARE OF ANY UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

SANTA BARBARA SYMPHONY ORCHESTRA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		LANG LANG CONCERT	SIZZLIN & FIDDLIN	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	121,885.	46,950.	33,100.	201,935.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	121,885.	46,950.	33,100.	201,935.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	4,275.			4,275.
	7	Food and beverages	6,290.			6,290.
	8	Entertainment	76,551.			76,551.
	9	Other direct expenses	57,299.	12,373.	41,724.	111,396.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(198,512)
	11	Net income summary. Combine line 3, column (d), and line 10				3,423.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input 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				

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

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

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

Name ► _____

Address ► _____

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

- 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? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
15a		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Employer identification number
95-2104089

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA SYMPHONY ENDOWMENT TRUST - 1330 STATE STREET - SANTA BARBARA, CA 93101	95-6542234	501(C)3	125,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations **1.**

3 Enter total number of other organizations

SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION

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.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: THE BOARD OF THE SANTA BARBARA SYMPHONY

ORCHESTRA ASSOCIATION FOLLOWS THE ACTIVITIES OF THE SANTA BARBARA SYMPHONY

ENDOWMENT TRUST AND RECEIVES REPORTS FROM ITS BOARD MEMBERS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION** Employer identification number **95-2104089**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	55,300.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SERVICES)	X	17	41,897.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION

Employer identification number
95-2104089

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND EDUCATIONAL SERVICES TO THE YOUTH.

FORM 990, PART VI, SECTION A, LINE 4: THE SYMPHONY AMENDED AND RESTATED
THEIR BYLAWS SINCE THE LAST 990 WAS FILED. THE AMENDED AND RESTATED BYLAWS
NOW STATE THE SECRETARY AND THE COUNSEL MAY BE TWO OFFICERS, PREVIOUSLY
THERE WAS ONE OFFICER BEING THE SECRETARY/COUNSEL.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE REVIEWED BY THE
FINANCE COMMITTEE AND AUDIT COMMITTEE. AFTER THE APPROVAL OF THE 990 BY
THE FINANCE & AUDIT COMMITTEES, IT WILL BE PRESENTED TO THE BOARD OF
DIRECTORS FOR THEIR REVIEW. AFTER THE REVIEW OF THE BOARD OF DIRECTORS THE
990 WILL BE FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE SYMPHONY HAS BOTH A WRITTEN
CONFLICT OF INTEREST POLICY AND AN ANNUAL DISCLOSURE OF CONFLICTS. THE
GOVERNANCE COMMITTEE OF THE BOARD OVERSEES DISTRIBUTION OF THE POLICY TO
NEW BOARD MEMBERS AND THE COLLECTION OF ANNUAL DISCLOSURES OF CONFLICT OF
INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: ONCE A YEAR, JULY 1ST, COMPENSATION
FOR THE EXECUTIVE DIRECTOR AND OTHER EMPLOYEES IS REVIEWED BY THE HUMAN
RESOURCES (HR) COMMITTEE. THE HR COMMITTEE DOES A SURVEY WITH THE
NON-PROFIT LEAGUE AND THE AMERICAN MUSICIAN ORCHESTRA LEAGUE REGARDING
COMPENSATION. UPON THEIR RECOMMENDATION FOR AN INCREASE IN COMPENSATION,
COMPENSATION WILL BE APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Employer identification number
95-2104089

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING FORMS ARE AVAILABLE FOR INSPECTION AT THE OFFICES OF THE SYMPHONY DURING REGULAR BUSINESS HOURS, SUBJECT TO AN APPOINTMENT MADE THROUGH THE MANAGING DIRECTOR'S OFFICE.

FORM 990, PART XI, LINE 2C
RESPONISBILITY FOR CHOOSING AN INDEPENDENT AUDITOR AND AUDITED F/S THE FINANCE AND AUDIT COMMITTEES REVIEW THE AUDITED FINANCIAL STATEMENTS AND 990 THEN PRESENTS THEM TO THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE RECOMMENDS INDEPENDENT AUDITORS AND THE BOARD OF DIRECTORS CHOOSES THE AUDITOR. THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

FORM 990, SCHEDULE M, PART 1, LINE 31
GIFT ACCEPTANCE POLICY
CURRENTLY THE SANTA BARBARA SYMPHONY ORCHESTRA DOES NOT HAVE A GIFT ACCEPTANCE POLICY BUT THE GOVERNANCE COMMITTEE IS IN THE PROCESS OF DRAFTING A POLICY.

FORM 990, PART VI, SECTION A
EXECUTIVE COMMITTEE
THE EXECUTIVE COMMITTEE CONSISTS OF: STEFAN RIESENFELD, PAKSY PLACKIS-CHENG, GILLIAN LAUNIE, HOWARD SIMON, JANET MCGINNIS, JOHN MATUSZESKI, ARTHUR SWALLEY, AND KAREN KERNS. ALL EXECUTIVE COMMITTEE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
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MEMBERS ARE ON THE GOVERNING BOARD. WITHIN LIMITS, IF ANY, AS MAY BE
 SET BY RESOLUTION OF THE BOARD FROM TIME TO TIME, THE EXECUTIVE
 COMMITTEE IS SPECIFICALLY DELEGATED THE AUTHORITY OF THE BOARD TO ACT
 ON BEHALF OF THE BOARD ON MATTERS REQUIRING BOARD ACTION BETWEEN
 REGULARLY SCHEDULED MEETINGS AND WHEN THE BOARD CANNOT PRACTICALLY BE
 CONVENED. THE EXECUTIVE COMMITTEE SHALL EXERCISE THIS AUTHORITY
 JUDICIOUSLY AND WITH RESTRAINT. THE EXECUTIVE COMMITTEE SHALL REVIEW
 THE WORK OF THE BOARD COMMITTEES, APPROVE THE AGENDA FOR BOARD MEETINGS
 AND MONITOR THE ASSOCIATION'S LONG-RANGE AND STRATEGIC PLANS AND MAKE
 RECOMMENDATIONS TO THE BOARD BASED UPON ITS ONGOING REVIEW AS IT DEEMS
 APPROPRIATE. THE EXECUTIVE COMMITTEE SHALL ALSO HAVE THE RESPONSIBILITY
 TO SERVE AS COUNSEL TO THE EXECUTIVE DIRECTOR AS HE OR SHE MAY REQUEST.
 THE EXECUTIVE COMMITTEE MET 12 TIMES DURING THE YEAR BEFORE THE MONTHLY
 BOARD MEETING.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION
Employer identification number 95-2104089

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SANTA BARBARA SYMPHONY ENDOWMENT TRUST - 95-6542234, 1330 STATE STREET, SANTA BARBARA, CA 93101	MANAGES CONTRIBUTIONS TO PROVIDE GENERAL SUPPORT FOR THE SYMPHONY	CALIFORNIA	501(C)3		SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) SANTA BARBARA SYMPHONY ENDOWMENT TRUST	C	260,280.
(2) SANTA BARBARA SYMPHONY ENDOWMENT TRUST	B	125,000.
(3)		
(4)		
(5)		
(6)		

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
2	VIOLIN - SUZUKI							
	VARI	ESSL	5.00	16	460.		460.	0.
3	VIOLIN - SUZUKI							
	VARI	ESSL	5.00	16	460.		460.	0.
4	FLUTE - ARMSTRONG							
	VARI	ESSL	5.00	16	465.		465.	0.
5	CLARINET - BUNDY							
	VARI	ESSL	5.00	16	435.		435.	0.
6	CLARINET - BUNDY							
	VARI	ESSL	5.00	16	435.		435.	0.
7	TRUMPET - KING							
	VARI	ESSL	5.00	16	520.		520.	0.
8	TRUMPET - KING							
	VARI	ESSL	5.00	16	520.		520.	0.
9	TROMBONE - KING							
	VARI	ESSL	5.00	16	520.		520.	0.
10	TROMBONE - KING							
	VARI	ESSL	5.00	16	520.		520.	0.
11	FRENCH HORN							
	VARI	ESSL	5.00	16	200.		200.	0.
12	SNARE DRUM							
	VARI	ESSL	5.00	16	100.		100.	0.
13	CYMBALS - PAIR							
	VARI	ESSL	5.00	16	50.		50.	0.
14	TAMBOURINE							
	VARI	ESSL	5.00	16	25.		25.	0.
15	TRIANGLE							
	VARI	ESSL	5.00	16	25.		25.	0.
16	TYMPANI - SET OF 4							
	123181	SL	10.00	16	10,000.		10,000.	0.
17	VIBRAPHONE							
	123183	SL	10.00	16	3,500.		3,500.	0.
19	WHEELWRITER (BB)							
	120287	SL	5.00	16	550.		550.	0.
41	TIMPANI							
	100896	SL	10.00	16	37,812.		36,865.	0.
67	MUSIC VAN							
	063003	SL	5.00	16	23,875.		23,875.	0.
70	CHINESE CELLO							
	123105	SL	5.00	16	10,000.		7,000.	2,000.
71	YAMAHA KEYBOARD							
	123105	SL	5.00	16	686.		480.	137.
72	COMPUTER S/W							
	123105	SL	3.00	16	3,248.		3,248.	0.
73	YAMAHA STANDARD FRENCH HORN							
	101206	SL	5.00	16	2,433.		1,339.	487.
74	COMPUTER-DESK TOP							
	112206	SL	3.00	16	1,446.		1,245.	201.
75	JENSEN AUDIOVISION							
	020907	SL	5.00	16	2,427.		1,172.	485.
76	OCTIVE MARIMBA							
	060107	SL	5.00	16	6,725.		2,802.	1,345.
77	COMPWAVE COMPUTERS (2)							
	082907	SL	5.00	16	2,366.		867.	473.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

Type or print	Name of Exempt Organization SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	Employer identification number 95-2104089
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1330 STATE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

S. B. SYMPHONY ORCHESTRA ASSOC.

- The books are in the care of ▶ **1330 STATE STREET - SANTA BARBARA, CA 93101**
 Telephone No. ▶ **805-898-9386** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	VIOLIN - SUZUKI	VARI	ESSL	5.00	16	460.			460.	460.		0.
3	VIOLIN - SUZUKI	VARI	ESSL	5.00	16	460.			460.	460.		0.
4	FLUTE - ARMSTRONG	VARI	ESSL	5.00	16	465.			465.	465.		0.
5	CLARINET - BUNDY	VARI	ESSL	5.00	16	435.			435.	435.		0.
6	CLARINET - BUNDY	VARI	ESSL	5.00	16	435.			435.	435.		0.
7	TRUMPET - KING	VARI	ESSL	5.00	16	520.			520.	520.		0.
8	TRUMPET - KING	VARI	ESSL	5.00	16	520.			520.	520.		0.
9	TROMBONE - KING	VARI	ESSL	5.00	16	520.			520.	520.		0.
10	TROMBONE - KING	VARI	ESSL	5.00	16	520.			520.	520.		0.
11	FRENCH HORN	VARI	ESSL	5.00	16	200.			200.	200.		0.
12	SNARE DRUM	VARI	ESSL	5.00	16	100.			100.	100.		0.
13	CYMBALS - PAIR	VARI	ESSL	5.00	16	50.			50.	50.		0.
14	TAMBOURINE	VARI	ESSL	5.00	16	25.			25.	25.		0.
15	TRIANGLE	VARI	ESSL	5.00	16	25.			25.	25.		0.
16	TYMPANI - SET OF 4	123181	SL	10.00	16	10,000.			10,000.	10,000.		0.
17	VIBRAPHONE	123183	SL	10.00	16	3,500.			3,500.	3,500.		0.
19	WHEELWRITER (BB)	120287	SL	5.00	16	550.			550.	550.		0.
41	TIMPANI	100896	SL	10.00	16	37,812.			37,812.	36,865.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
67	MUSIC VAN	063003	SL	5.00	16	23,875.			23,875.	23,875.		0.
70	CHINESE CELLO	123105	SL	5.00	16	10,000.			10,000.	7,000.		2,000.
71	YAMAHA KEYBOARD	123105	SL	5.00	16	686.			686.	480.		137.
72	COMPUTER S/W YAMAHA STANDARD	123105	SL	3.00	16	3,248.			3,248.	3,248.		0.
73	FRENCH HORN	101206	SL	5.00	16	2,433.			2,433.	1,339.		487.
74	COMPUTER-DESK TOP	112206	SL	3.00	16	1,446.			1,446.	1,245.		201.
75	JENSEN AUDIOVISION	020907	SL	5.00	16	2,427.			2,427.	1,172.		485.
76	OCTIVE MARIMBA COMPWAVE COMPUTERS	060107	SL	5.00	16	6,725.			6,725.	2,802.		1,345.
77	(2) BEST BUY COMPUTERS	082907	SL	5.00	16	2,366.			2,366.	867.		473.
78	(2) OFFICE FURNITURE -	101108	SL	5.00	16	2,259.			2,259.	339.		452.
79	2008	063009	SL	5.00	16	19,026.			19,026.			3,805.
	* TOTAL 990 PAGE 10 DEPR					131,088.		0.	131,088.	98,017.	0.	9,385.

2010 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
2	VIOLIN - SUZUKI	VARI	SSL	5.00	460.		460.	460.	0.
3	VIOLIN - SUZUKI	VARI	SSL	5.00	460.		460.	460.	0.
4	FLUTE - ARMSTRONG	VARI	SSL	5.00	465.		465.	465.	0.
5	CLARINET - BUNDY	VARI	SSL	5.00	435.		435.	435.	0.
6	CLARINET - BUNDY	VARI	SSL	5.00	435.		435.	435.	0.
7	TRUMPET - KING	VARI	SSL	5.00	520.		520.	520.	0.
8	TRUMPET - KING	VARI	SSL	5.00	520.		520.	520.	0.
9	TROMBONE - KING	VARI	SSL	5.00	520.		520.	520.	0.
10	TROMBONE - KING	VARI	SSL	5.00	520.		520.	520.	0.
11	FRENCH HORN	VARI	SSL	5.00	200.		200.	200.	0.
12	SNARE DRUM	VARI	SSL	5.00	100.		100.	100.	0.
13	CYMBALS - PAIR	VARI	SSL	5.00	50.		50.	50.	0.
14	TAMBOURINE	VARI	SSL	5.00	25.		25.	25.	0.
15	TRIANGLE	VARI	SSL	5.00	25.		25.	25.	0.
16	TYMPANI - SET OF 4	123181	SL	10.00	10,000.		10,000.	10,000.	0.
17	VIBRAPHONE	123183	SL	10.00	3,500.		3,500.	3,500.	0.
19	WHEELWRITER (BB)	120287	SL	5.00	550.		550.	550.	0.
41	TIMPANI	100896	SL	10.00	37,812.		37,812.	36,865.	0.
67	MUSIC VAN	063003	SL	5.00	23,875.		23,875.	23,875.	0.
70	CHINESE CELLO	123105	SL	5.00	10,000.		10,000.	9,000.	1,000.
71	YAMAHA KEYBOARD	123105	SL	5.00	686.		686.	617.	69.
72	COMPUTER S/W	123105	SL	3.00	3,248.		3,248.	3,248.	0.
73	YAMAHA STANDARD FRENCH HORN	101206	SL	5.00	2,433.		2,433.	1,826.	487.
74	COMPUTER-DESK TOP	112206	SL	3.00	1,446.		1,446.	1,446.	0.
75	JENSEN AUDIOVISION	020907	SL	5.00	2,427.		2,427.	1,657.	485.
76	OCTIVE MARIMBA	060107	SL	5.00	6,725.		6,725.	4,147.	1,345.
77	COMPWAVE COMPUTERS (2)	082907	SL	5.00	2,366.		2,366.	1,340.	473.
78	BEST BUY COMPUTERS (2)	101108	SL	5.00	2,259.		2,259.	791.	452.
79	OFFICE FURNITURE - 2008	063009	SL	5.00	19,026.		19,026.	3,805.	3,805.
	* TOTAL 990 PAGE 10 DEPR				131,088.		131,088.	107,402.	8,116.