

Form **990**

**Return of Organization Exempt From Income Tax**

**2008**

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> 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	<b>D Employer identification number</b>  95-2104089
		<b>E Telephone number</b>  805-898-9386	<b>G Gross receipts \$</b> 2,947,891.
		<b>F Name and address of principal officer:</b> JOHN ROBINSON SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> ▶ HTTP://WWW.THE SYMPHONY.ORG	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1953 <b>M State of legal domicile:</b> CA

Part I Summary			
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION PROVIDES PERFORMANCES OF CLASSICAL MUSIC TO THE RESIDENTS OF THE COMMUNITY</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 42
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 42
	<b>5</b>	Total number of employees (Part V, line 2a)	5 216
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 85
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)
<b>9</b>		Program service revenue (Part VIII, line 2g)	742,900. 822,745.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,010. 8,713.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,876. 43,831.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,461,868. 2,885,302.
Expenses		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,226,662. 1,023,076.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 233,882.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,266,657. 1,492,491.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,493,319. 2,515,567.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-31,451. 369,735.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Year 848,381. End of Year 1,050,246.
	<b>21</b>	Total liabilities (Part X, line 26)	632,075. 464,205.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	216,306. 586,041.

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	<b>Signature of officer</b>		<b>Date</b>	
	<b>JOHN ROBINSON, EXECUTIVE DIRECTOR</b>			
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	Phone no. ▶ 805 966-4157
				MACFARLANE, FALETTI & CO. LLP 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101

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

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**Part III** Statement of Program Service Accomplishments (see instructions)

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 \$ **1,595,973.** including grants of \$ ) (Revenue \$ **678,400.** )  
**SEASON PROGRAM: SUBSCRIPTION CONCERTS, SERIES OF (7) EVENING & (7) MATINEE PERFORMANCES, WITH COMBINED ATTENDANCE OF APPROXIMATELY 17,500 PEOPLE.**

4b (Code: ) (Expenses \$ **150,209.** including grants of \$ ) (Revenue \$ **100,243.** )  
**ANNUAL CONCERTS: GUITAR FESTIVAL, NEW YEAR'S EVE AND JULY 4TH CONCERTS WITH COMBINED ATTENDANCE OF APPROXIMATELY 9,250 PEOPLE.**

4c (Code: ) (Expenses \$ **131,433.** including grants of \$ ) (Revenue \$ **0.** )  
**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 ► \$ **1,877,615.** (Must equal Part IX, Line 25, column (B).)

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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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13	Is the organization a school as 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 U.S.? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total 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 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
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35</b>	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
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

			Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable .....	<b>1a</b>	18		
	<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....			X	
<b>2a</b> 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 .....	<b>2a</b>	216		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....			X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....				X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .....				
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....				X
<b>b</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.				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....				X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....				X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....				
<b>6a</b> Did the organization solicit any contributions that were not tax deductible? .....				X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .....			X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....			X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....				X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>			
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....				X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....				X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....				X
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....				X
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....				
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the organization make any taxable distributions under section 4966? .....				
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....				
<b>10 Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>				
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>N/A</b> .....	<b>12b</b>			

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	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? .....		<b>X</b>
<b>3</b>	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? .....		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		<b>X</b>
<b>6</b>	Does the organization have members or stockholders? .....		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>X</b>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		<b>X</b>
<b>9b</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? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	<b>X</b>	
<b>11</b>	Is there any officer, director or 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 .....		<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>X</b>	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy? .....	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	<b>X</b>	
<b>15</b>	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:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? .....	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization? .....	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		<b>X</b>
<b>16b</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.  
 Own website     Another's website     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. - 805-898-9626**  
**1900 STATE STREET, STE G, 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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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			
JUDITH KUIPERS DIRECTOR	1.00	X					0.	0.	0.	
CHARLES R. GREENE IMMEDIATE 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.	
ANN ZYLSTRA 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.	
ARDIS HIGGINS DIRECTOR	1.00	X					0.	0.	0.	
JANET GARUFIS DIRECTOR	1.00	X					0.	0.	0.	
DONALD RICHARDSON DIRECTOR	1.00	X					0.	0.	0.	
ARTHUR KVASS 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.	

**SANTA BARBARA SYMPHONY ORCHESTRA  
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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			
JANET MCGINNIS SECRETARY/COUNSEL	1.00	X		X			0.	0.	0.	
HARRIET MILLER DIRECTOR	1.00	X					0.	0.	0.	
JOSEPH ILVENTO 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.	
DIANE CALVERT DIRECTOR	1.00	X					0.	0.	0.	
DAVID MACCULLOCH DIRECTOR	1.00	X					0.	0.	0.	
SHEREEF MOHARRAM DIRECTOR	1.00	X					0.	0.	0.	
GABRIEL QUIROZ DIRECTOR	1.00	X					0.	0.	0.	
STEFAN RIESENFELD EXECUTIVE V.P.	1.00	X		X			0.	0.	0.	
<b>1b Total</b>							<b>377,227.</b>	<b>0.</b>	<b>21,031.</b>	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 those in 1) who received more than \$100,000 in compensation from the organization 0

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

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**SANTA BARBARA SYMPHONY ORCHESTRA  
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<b>Part VIII Statement of Revenue</b>			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	260,342.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1749671.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		89,717.				
	<b>h Total.</b> Add lines 1a-1f .....		2,010,013.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>CONCERT TICKET SALES</u>	Business Code				
		711130	788,071.	788,071.			
<b>b</b> <u>ADVERTISING</u>		711130	34,634.	34,634.			
<b>c</b> <u>CD &amp; LOGO APPAREL SALE</u>		711130	40.	40.			
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		822,745.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,713.			8,713.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....					
		<b>c</b> Net income or (loss) from fundraising events .....		29,135.	29,135.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
<b>11 a</b> <u>MISCELLANEOUS INCOME</u>		711130	14,696.	14,696.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			14,696.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			2,885,302.	866,576.	0.	8,713.	

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Form **990** (2008)

**SANTA BARBARA SYMPHONY ORCHESTRA  
ASSOCIATION**

**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 .....				
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 .....	415,678.	214,303.	106,500.	94,875.
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 .....	406,819.	338,542.	13,186.	55,091.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	59,298.	55,081.	4,050.	167.
9 Other employee benefits .....	49,214.	33,382.	2,018.	13,814.
10 Payroll taxes .....	92,067.	72,724.	8,923.	10,420.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	24,790.		24,790.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	623,284.	561,493.	61,791.	
12 Advertising and promotion .....	189,424.	189,424.		
13 Office expenses .....	47,754.		47,754.	
14 Information technology .....				
15 Royalties .....	29,707.	29,707.		
16 Occupancy .....	64,062.	16,016.	48,046.	
17 Travel .....	113,868.	112,495.	990.	383.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	15,240.	7,012.	6,203.	2,025.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	6,290.		6,290.	
23 Insurance .....	14,645.	1,868.	12,777.	
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 <b>CONCERT</b> .....	64,571.	64,571.		
b <b>OUTREACH</b> .....	64,396.	64,396.		
c <b>EQUIPMENT RENTAL &amp; MAIN</b>	49,783.	40,711.	9,072.	
d <b>DEVELOPMENT</b> .....	44,925.			44,925.
e <b>PRINTING, POSTAGE, &amp; CO</b>	27,381.	18,580.	1,428.	7,373.
f All other expenses .....	112,371.	57,310.	50,252.	4,809.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,515,567.	1,877,615.	404,070.	233,882.
26 <b>Joint Costs.</b> 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**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	678,431.	<b>2</b>	873,244.	
	<b>3</b> Pledges and grants receivable, net .....	71,900.	<b>3</b>	45,390.	
	<b>4</b> Accounts receivable, net .....	25,050.	<b>4</b>	75,710.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> 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 .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	54,924.	<b>9</b>	22,831.	
	<b>10a</b> Land, buildings, and equipment: cost basis ...	131,088.			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	98,017.	18,076.	<b>10c</b>	33,071.
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....			<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	848,381.	<b>16</b>	1,050,246.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	60,393.	<b>17</b>	58,100.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	571,682.	<b>19</b>	406,105.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	632,075.	<b>26</b>	464,205.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	13,876.	<b>27</b>	382,404.	
	<b>28</b> Temporarily restricted net assets .....	202,430.	<b>28</b>	203,637.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	216,306.	<b>33</b>	586,041.		
<b>34</b> Total liabilities and net assets/fund balances .....	848,381.	<b>34</b>	1,050,246.		

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>X</b>	
<b>c</b> If "Yes" to lines 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? .....	<b>X</b>	
<b>3a</b> 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? .....		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 - 3 .....						
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1062354.	837,365.	1266217.	1682082.	2010013.	6858031.
<b>2</b> 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	909,923.	1021027.	933,335.	851,952.	914,469.	4630706.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	1972277.	1858392.	2199552.	2534034.	2924482.	11488737.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons		163,006.	107,308.	227,663.	183,004.	680,981.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	157,088.	82,719.	61,966.	131,454.	206,597.	639,824.
<b>c</b> Add lines 7a and 7b	157,088.	245,725.	169,274.	359,117.	389,601.	1320805.
<b>8 Public support</b> (Subtract line 7c from line 6.)						10167932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	1972277.	1858392.	2199552.	2534034.	2924482.	11488737.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,276.	9,795.	18,685.	18,010.	8,713.	56,479.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,276.	9,795.	18,685.	18,010.	8,713.	56,479.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	24,976.	25,496.	12,431.	18,876.	14,696.	96,475.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						11641691.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	87.34 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	99.44 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.49 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	.40 %

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**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, and 990-PF.

OMB No. 1545-0047

**2008**

**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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b> 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
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		\$ 16,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 17,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 6,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b>  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
7		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 6,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 8,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b>  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
13		\$ 20,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 15,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 26,520.	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		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 15,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b> 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
19		\$ 120,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 23,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 25,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 12,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b> 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		\$ 55,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 6,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 59,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b> 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		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 6,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 105,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 5,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b>  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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 12,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 88,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b> 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		\$ 21,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 9,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 8,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 5,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b>  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		\$ 5,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 16,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 7,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b> 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		\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION	<b>Employer identification number</b> 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
26	POSTAL ORGANIZATIONAL SERVICES	\$ 5,000.	06/30/09
29	ADVERTISING SERVICES	\$ 5,000.	06/30/09
32	SUPPLIED A VARIETY OF WINES	\$ 10,000.	06/30/09
39	CATERING SERVICES	\$ 12,700.	06/30/09
55	GIFT CARD FOR RESTAURANT	\$ 6,000.	06/30/09
		\$	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form with multiple sections: Purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and reporting.

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 with questions about reporting works of art, historical treasures, or other similar assets, including revenue and asset amounts.







**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

**Open to Public Inspection**

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

Employer Identification number  
**95-2104089**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
MICHAEL SHEALY DIRECTOR	1.00	X					0.	0.	0.	
WANDA SMITH DIRECTOR	1.00	X					0.	0.	0.	
STEPHEN BECK VP MARKETING	1.00	X		X			0.	0.	0.	
LOIS DUNCAN LEAGUE PRESIDENT	1.00	X		X			0.	0.	0.	
NIR KABARETTI EX OFFICIO DIRECTOR	1.00	X		X			92,066.	0.	0.	
GEORGE LEIS DIRECTOR	1.00	X					0.	0.	0.	
JOHN MATUSZESKI DIRECTOR	1.00	X					0.	0.	0.	
KATHLEEN ROGERS DIRECTOR	1.00	X					0.	0.	0.	
RACHEL STULL 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.	
KAREN KERNS VP EDUCATION	1.00	X		X			0.	0.	0.	
DAVID BOHN DIRECTOR	1.00	X					0.	0.	0.	
GENE SINSE DIRECTOR	1.00	X					0.	0.	0.	
PETER MADLEM VP AUDIT	1.00	X		X			0.	0.	0.	
LISA HOLZMAN DEVELOPMENT MANAGER	40.00				X		44,840.	0.	11,677.	
MIWA GOFUKU OPERATION MANAGER	40.00				X		58,344.	0.	5,304.	
DOREEN DALEY CONTROLLER	32.00				X		69,400.	0.	0.	

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

Schedule J-2 (Form 990) 2008



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that 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 .....				
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 ▶ ( <u>SERVICES</u> )	X	27	89,717.	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.		

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

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: SANTA BARBARA SYMPHONY ORCHESTRA

AMENDED THEIR BY-LAWS AS OF JULY 1, 2008. THE FOLLOWING IS THE SYNOPSIS OF  
THE CHANGES:

-THE ROLE OF THE EXECUTIVE COMMITTEE WILL BE LIMITED TO ACTING FOR THE  
BOARD BETWEEN MEETINGS ONLY WHERE MATTERS CANNOT WAIT FOR A FULL BOARD  
MEETING. THE REGULAR DUTIES OF THE EXECUTIVE COMMITTEE WILL BE RELATED TO  
APPROVING THE AGENDA FOR BOARD MEETINGS, REVIEWING THE WORK OF OTHER BOARD  
COMMITTEES AND MONITORING PROGRESS AGAINST THE LONG RANGE AND STRATEGIC  
PLANS. THE SIZE OF THE EXECUTIVE COMMITTEE WILL BE REDUCED FROM 18 MEMBERS  
TO 7: THE PRESIDENT, PAST-PRESIDENT, VICE PRESIDENT, SECRETARY/COUNSEL,  
TREASURER, CHAIR OF THE DEVELOPMENT COMMITTEE AND ONE MEMBER AT LARGE  
SELECTED BY THE BOARD.

-THE TREASURER WILL NOW BE THE CHAIRPERSON OF THE FINANCE COMMITTEE.

-ELECT A SINGLE VICE PRESIDENT INSTEAD OF THE CURRENT STRUCTURE OF UP TO  
TWO EXECUTIVE VICE PRESIDENTS.

-ELIMINATE THE REQUIREMENT FOR MONTHLY MEETINGS, INSTEAD REQUIRING THAT THE  
BOARD MEET ATLEAST 10 TIMES A YEAR.

-THE PAST PRESIDENTS WHO ARE NOT CURRENT BOARD MEMBERS WILL NO LONGER BE  
ALLOWED TO VOTE AT BOARD MEETINGS.

-A SINGLE DEVELOPMENT COMMITTEE WILL OVERSEE THE WORK NOW DONE BY A NUMBER  
OF STANDING AND AD-HOC COMMITTEES REGARDING FUNDRAISING.

-THE BOARD WILL SPECIFICALLY APPROVE THE COMPENSATION OF THE MUSIC AND  
ARTISTIC DIRECTOR, THE MANAGING DIRECTOR, AND THE COMPTROLLER.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

SANTA BARBARA SYMPHONY ORCHESTRA  
ASSOCIATION

Employer identification number  
95-2104089

FORM 990, PART VI, SECTION A, LINE 10: 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 RESOURCE 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, IT WILL BE APPROVED BY THE BOARD OF DIRECTORS.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

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

**Part I Identification of Disregarded Entities**

(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**

(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**

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

**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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> 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	260,342.
(2)		
(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
1	(D)	OFFICE FURNITURE						
		VARIES	SSL	5.00	16	1,500.	1,500.	0.
2		VIOLIN - SUZUKI						
		VARIES	SSL	5.00	16	460.	460.	0.
3		VIOLIN - SUZUKI						
		VARIES	SSL	5.00	16	460.	460.	0.
4		FLUTE - ARMSTRONG						
		VARIES	SSL	5.00	16	465.	465.	0.
5		CLARINET - BUNDY						
		VARIES	SSL	5.00	16	435.	435.	0.
6		CLARINET - BUNDY						
		VARIES	SSL	5.00	16	435.	435.	0.
7		TRUMPET - KING						
		VARIES	SSL	5.00	16	520.	520.	0.
8		TRUMPET - KING						
		VARIES	SSL	5.00	16	520.	520.	0.
9		TROMBONE - KING						
		VARIES	SSL	5.00	16	520.	520.	0.
10		TROMBONE - KING						
		VARIES	SSL	5.00	16	520.	520.	0.
11		FRENCH HORN						
		VARIES	SSL	5.00	16	200.	200.	0.
12		SNARE DRUM						
		VARIES	SSL	5.00	16	100.	100.	0.
13		CYMBALS - PAIR						
		VARIES	SSL	5.00	16	50.	50.	0.
14		TAMBOURINE						
		VARIES	SSL	5.00	16	25.	25.	0.
15		TRIANGLE						
		VARIES	SSL	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.
18	(D)	WHEELWRITER (MP)						
		110287	SL	5.00	16	744.	744.	0.
19		WHEELWRITER (BB)						
		120287	SL	5.00	16	550.	550.	0.
20	(D)	FIREFILE						
		111589	SL	5.00	16	619.	619.	0.
21	(D)	HP L/W III (BACK)						
		040990	SL	5.00	16	1,910.	1,910.	0.
22	(D)	BATTERY B/U (MV)						
		071690	SL	5.00	16	400.	400.	0.
23	(D)	BATTERY B/U (SS)						
		071690	SL	5.00	16	400.	400.	0.
24	(D)	12 STACK CHAIRS						
		071190	SL	10.00	16	108.	108.	0.
25	(D)	DESK CHAIR						
		071191	SL	10.00	16	205.	205.	0.
27	(D)	TASK CHAIR						
		101091	SL	10.00	16	245.	245.	0.
28	(D)	PP L/W III (FRONT)						
		040792	SL	5.00	16	1,821.	1,821.	0.

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
29	(D)H/P LASER JET 4MP (SI)							
	030994SL		3.00	16	1,350.		1,350.	0.
30	(D)H/P 560C PRINTER (BB)							
	033094SL		3.00	16	548.		548.	0.
31	(D)GATEWAY 15" MONITOR (MV)							
	062794SL		3.00	16	380.		380.	0.
32	(D)TOSHIBA CD ROM							
	012096SL		3.00	16	634.		634.	0.
33	(D)COMPUTER EQUIPMENT - HARD DRIVE							
	022996SL		3.00	16	313.		313.	0.
34	(D)TABLES							
	030196SL		10.00	16	397.		397.	0.
35	(D)BACK-UP BATTERIES - COMPUTER							
	032296SL		3.00	16	431.		431.	0.
36	(D)COMPUTER MONITOR							
	042496SL		3.00	16	279.		279.	0.
37	(D)REFRIGERATOR							
	110394SL		3.00	16	472.		472.	0.
38	(D)BLINDS							
	013195SL		3.00	16	262.		262.	0.
39	(D)COMPUTER							
	051595SL		3.00	16	3,647.		3,647.	0.
40	(D)COMPUTER EQUIPMENT							
	063095SL		3.00	16	869.		869.	0.
41	TIMPANI							
	100896SL		10.00	16	37,812.		36,865.	0.
42	(D)DESK/FILE CABINET							
	013197SL		5.00	16	582.		582.	0.
43	(D)HARD DRIVE UPGRADE							
	090496SL		3.00	16	747.		747.	0.
44	(D)ZIP DRIVE							
	091996SL		3.00	16	262.		262.	0.
45	(D)OFFICE CHAIR							
	060497SL		3.00	16	162.		162.	0.
46	(D)COMPUTER EQUIPMENT							
	123197SL		3.00	16	4,122.		4,122.	0.
47	(D)COMPUTERS (2)							
	093097SL		3.00	16	4,716.		4,716.	0.
48	(D)COMPUTER SOFTWARE							
	121297SL		3.00	16	323.		323.	0.
49	(D)PHONES (9)							
	090997SL		5.00	16	883.		883.	0.
50	(D)STORAGE CABINET							
	090997SL		5.00	16	1,356.		1,356.	0.
51	(D)OFFICE CHAIR							
	062998SL		3.00	16	140.		140.	0.
52	(D)REALWORLD UPGRADE							
	081798SL		3.00	16	1,438.		1,438.	0.
53	(D)BEUST COMPUTER							
	102498SL		3.00	16	1,870.		1,870.	0.
54	(D)COMPUTERS (2)							
	062199SL		3.00	16	2,577.		2,577.	0.
55	(D)COMPUTER EQUIPMENT							
	123198SL		3.00	16	938.		938.	0.

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
56	(D) YAMAHA CALINOVA							
	092498	SL	5.00	16	3,000.		3,000.	0.
57	(D) OFFICE CHAIRS							
	123198	SL	3.00	16	752.		752.	0.
58	(D) SONY DIGITAL CAMERA							
	031099	SL	3.00	16	869.		869.	0.
59	(D) P-III COMPUTER							
	082399	SL	3.00	16	942.		942.	0.
60	(D) GATEWAY COMPUTER							
	062800	SL	3.00	16	1,642.		1,642.	0.
61	(D) COMPUTER EQUIPMENT							
	020101	SL	3.00	16	8,910.		8,910.	0.
62	(D) COPIER							
	020101	SL	5.00	16	10,775.		10,775.	0.
63	(D) OFFICE CHAIRS (2)							
	062901	SL	5.00	16	613.		613.	0.
64	(D) OFFICE FURNITURE & EQUIPMENT							
	020102	SL	3.00	16	40,732.		40,732.	0.
65	(D) OFFICE FURNITURE & EQUIPMENT							
	020102	SL	5.00	16	1,002.		1,002.	0.
66	(D) COMPUTER							
	123102	SL	5.00	16	1,065.		1,065.	0.
67	MUSIC VAN							
	063003	SL	5.00	16	23,875.		23,875.	0.
68	(D) COMPUTERS (3)							
	123103	SL	3.00	16	2,804.		2,804.	0.
69	(D) OFFICE FURNITURE & EQUIPMENT							
	123104	SL	3.00	16	4,633.		4,633.	0.
70	CHINESE CELLO							
	123105	SL	5.00	16	10,000.		5,000.	2,000.
71	YAMAHA KEYBOARD							
	123105	SL	5.00	16	686.		343.	137.
72	COMPUTER S/W							
	123105	SL	3.00	16	3,248.		2,706.	542.
73	YAMAHA STANDARD FRENCH HORN							
	101206	SL	5.00	16	2,433.		852.	487.
74	COMPUTER-DESK TOP							
	112206	SL	3.00	16	1,446.		763.	482.
75	JENSEN AUDIOVISION							
	020907	SL	5.00	16	2,427.		687.	485.
76	OCTIVE MARIMBA							
	060107	SL	5.00	16	6,725.		1,457.	1,345.
77	COMPWAVE COMPUTERS (2)							
	082907	SL	5.00	16	2,366.		394.	473.
78	BEST BUY COMPUTERS (2)							
	101108	SL	5.00	16	2,259.			339.
79	OFFICE FURNITURE - 2008							
	063009	SL	5.00	16	19,026.			0.
	* TOTAL 990 PAGE 10 DEPR							
					246,477.	0.	207,116.	6,290.

# 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION</b>	Employer identification number <b>95-2104089</b>
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. <b>1330 STATE STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA BARBARA, CA 93101</b>	

**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 ▶ **1900 STATE STREET, STE G - SANTA BARBARA, CA 93101**  
 Telephone No. ▶ **805-898-9626** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

<b>3a</b> 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.	<b>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	<b>N/A</b>

**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.