

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print of type. See Specific Instructions.

C Name of organization
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1900 STATE STREET, SUITE G

City or town, state or country, and ZIP + 4
SANTA BARBARA, CA 93101

D Employer identification number
95-2104089

E Telephone number
805-898-9626

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

M Check If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **HTTP://WWW.THESYMPHONY.ORG**

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

K Check here If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,570,920.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1		Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	1,654,982.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	27,100.	
	e	Total (add lines 1a through 1d) (cash \$ 1,671,342. noncash \$ 10,740.)	1e		1,682,082.
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2		735,189.
3	Membership dues and assessments		3		
4	Interest on savings and temporary cash investments		4		18,010.
5	Dividends and interest from securities		5		
Revenue	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7	Other investment income (describe _____)	7		
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	116,763.	
	b	Less: direct expenses other than fundraising expenses	9b	109,052.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1	7,711.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		18,876.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,461,868.
Expenses	13	Program services (from line 44, column (B))	13		1,677,695.
	14	Management and general (from line 44, column (C))	14		566,336.
	15	Fundraising (from line 44, column (D))	15		249,288.
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		2,493,319.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-31,451.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		240,033.
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	7,724.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		216,306.

723001 12-27-07

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

Form 990 (2007)

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2007)

95-2104089 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	128,750.	51,500.	51,500.	25,750.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,097,912.	823,434.	219,582.	54,896.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	178,429.	126,025.	34,936.	17,468.
30 Professional fundraising fees	87,206.			87,206.
31 Accounting fees	13,754.		13,754.	
32 Legal fees				
33 Supplies	21,992.	4,399.	16,495.	1,098.
34 Telephone	12,455.	747.	11,210.	498.
35 Postage and shipping	12,965.	10,372.	1,037.	1,556.
36 Occupancy	26,239.		26,239.	
37 Equipment rental and maintenance	52,247.	50,680.	1,567.	
38 Printing and publications	38,897.	35,007.	2,334.	1,556.
39 Travel	140,381.	133,362.	4,211.	2,808.
40 Conferences, conventions, and meetings	26,426.	6,342.	13,213.	6,871.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	11,995.	9,596.	2,399.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	643,671.	426,231.	167,859.	49,581.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,493,319.	1,677,695.	566,336.	249,288.

Joint Costs. Check If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

723011
12-27-07

Form 990 (2007)

SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION

Form 990 (2007)

95-2104089 Page 3

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEASON PROGRAM: SUBSCRIPTION CONCERTS, SERIES OF (7) EVENING & (7) MATINEE PERFORMANCES, WITH APPROXIMATELY 1,600 PEOPLE ATTENDING EACH PERFORMANCE

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

1,502,087.

b ANNUAL CONCERTS: POPS CONCERT SEASON, NEW YEAR'S EVE AND JULY 4TH CONCERTS WITH COMBINED ATTENDANCE OF APPROXIMATELY 2,500.

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

113,244.

c 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.

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

62,364.

d

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

e Other program services (attach schedule)

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

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 1,677,695.

Form 990 (2007)

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2007)

95-2104089 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	429,002.	46	678,431.
	47 a Accounts receivable	25,050.		
	b Less: allowance for doubtful accounts		47c	25,050.
48 a Pledges receivable	71,900.			
b Less: allowance for doubtful accounts		48c	71,900.	
49 Grants receivable		49		
Assets	60 a Receivables from current and former officers, directors, trustees, and key employees		60a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		60b	
	51 a Other notes and loans receivable		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	69,247.	53	54,924.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation		55b	55c
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	225,192.		
b Less: accumulated depreciation STMT 5	207,116.			
58 Other assets, including program-related investments (describe ▶ _____)		27,705.	57c	18,076.
59 Total assets (must equal line 74). Add lines 45 through 58	660,168.	59	848,381.	
Liabilities	60 Accounts payable and accrued expenses	45,612.	60	60,393.
	61 Grants payable		61	
	62 Deferred revenue	374,523.	62	571,682.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities . Add lines 60 through 65	420,135.	66	632,075.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	194,636.	67	13,876.
	68 Temporarily restricted	45,397.	68	202,430.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	240,033.	73	216,306.	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73	660,168.	74	848,381.	

Form 990 (2007)

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2007)

95-2104089 Page 7

Part VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N/A
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
	c Dues, assessments, and similar amounts from members	85c		N/A
	d Section 162(e) lobbying and political expenditures	85d		N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶ CA			
	b Number of employees employed in the pay period that includes March 12, 2007	90b		94
91 a	The books are in care of ▶ S. B. SYMPHONY ORCHESTRA ASSOC. Telephone no. ▶ 805-898-9626 Located at ▶ 1900 STATE STREET, STE G, SANTA BARBARA, CA ZIP + 4 ▶ 93101			
	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)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990 (2007)

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2007)

95-2104089 Page 8

Part VI Other Information (continued) Yes No

o At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 and enter the amount of tax-exempt interest received or accrued during the tax year N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONCERT TICKET SALES					618,730.
b CD & LOGO APPAREL SALES					939.
c ADVERTISING					59,590.
d FEES FOR RECEPTIONS					55,930.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	18,010.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	7,711.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME			01	18,876.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		44,597.	735,189.
105 Total (add line 104, columns (B), (D), and (E))					779,786.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007)

**SANTA BARBARA SYMPHONY ORCHESTRA
ASSOCIATION**

Form 990 (2007)

95-2104089 Page 9

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: JOHN ROBINSON, EXECUTIVE DIRECTOR Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: MACFARLANE, FALETTI & CO. LLP
115 E. MICHELTORENA ST. #200
SANTA BARBARA, CA 93101

EIN: _____

Phone no.: 805 966-4157

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LISA HOLZMAN 1900 STATE STREET, SUITE G, SANTA BAR	TICKETING MANAGER 40.00	52,250.	8,598.	
ROBIN ESCHLER 1900 STATE STREET, SUITE G, SANTA BAR	DEVELOPMENT MANAGER 40.00	75,000.	15,356.	
MIWA GOFUKU 1900 STATE STREET, SUITE G, SANTA BAR	OPERATION MANAGER 40.00	55,125.	5,232.	
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NIR KABARETTI VIA DELLA PERGOLA 25, FIRENZE, ITALY, 50121	MUSICAL DIRECTOR	68,400.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services; whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

SANTA BARBARA SYMPHONY ORCHESTRA

Part II Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966? N/A		
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

SANTA BARBARA SYMPHONY ORCHESTRA

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total <input type="checkbox"/>					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

SANTA BARBARA SYMPHONY ORCHESTRA

Schedule A (Form 990 or 990-EZ) 2007

ASSOCIATION

95-2104089 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,156,470.	837,365.	1,062,354.	716,379.	3,772,568.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	940,381.	1,021,027.	909,923.	1,263,475.	4,134,806.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18,685.	9,795.	1,276.	1,514.	31,270.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	12,431.		SEE STATEMENT 8		12,431.
23 Total of lines 15 through 22	2,127,967.	1,868,187.	1,973,553.	1,981,368.	7,951,075.
24 Line 23 minus line 17	1,187,586.	847,160.	1,063,630.	717,893.	3,816,269.
25 Enter 1% of line 23	21,280.	18,682.	19,736.	19,814.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 55,308. (2005) 0. (2004) 0. (2003) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 3,772,568. 16 _____ 17 4,134,806. 20 _____ 21 _____					27c 7,907,374.
d Add: Line 27a total 55,308. and line 27b total 0.					27d 55,308.
e Public support (line 27c total minus line 27d total)					27e 7,852,066.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 7,951,075.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.7548%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .3933%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

SANTA BARBARA SYMPHONY ORCHESTRA

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

SANTA BARBARA SYMPHONY ORCHESTRA

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a If the organization belongs to an affiliated group. Check b If you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 10,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
95-2104089

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 1,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

95-2104089

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 10,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 8,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
95-2104089

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 53,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 12,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	_____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	_____	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

95-2104089

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 6,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
95-2104089

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 4,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 4,423.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 1,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 8,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 5,017.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 24,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
55	25 SHARES COMMON STOCK GOLDMAN/SACHS	\$ 4,423.	07/12/07
56	50 SHARES COMMON STOCK STARBUCKS	\$ 1,300.	04/22/08
60	179 SHARES COMMON STOCK PACIFIC CAP BANCORP	\$ 5,017.	10/10/07
		\$	
		\$	
		\$	
		\$	

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	OFFICE FURNITURE							
	VARIABLE	SSL	5.00	16	1,500.		1,500.	0.
2	VIOLIN - SUZUKI							
	VARIABLE	SSL	5.00	16	460.		460.	0.
3	VIOLIN - SUZUKI							
	VARIABLE	SSL	5.00	16	460.		460.	0.
4	FLUTE - ARMSTRONG							
	VARIABLE	SSL	5.00	16	465.		465.	0.
5	CLARINET - BUNDY							
	VARIABLE	SSL	5.00	16	435.		435.	0.
6	CLARINET - BUNDY							
	VARIABLE	SSL	5.00	16	435.		435.	0.
7	TRUMPET - KING							
	VARIABLE	SSL	5.00	16	520.		520.	0.
8	TRUMPET - KING							
	VARIABLE	SSL	5.00	16	520.		520.	0.
9	TROMBONE - KING							
	VARIABLE	SSL	5.00	16	520.		520.	0.
10	TROMBONE - KING							
	VARIABLE	SSL	5.00	16	520.		520.	0.
11	FRENCH HORN							
	VARIABLE	SSL	5.00	16	200.		200.	0.
12	SNARE DRUM							
	VARIABLE	SSL	5.00	16	100.		100.	0.
13	CYMBALS - PAIR							
	VARIABLE	SSL	5.00	16	50.		50.	0.
14	TAMBOURINE							
	VARIABLE	SSL	5.00	16	25.		25.	0.
15	TRIANGLE							
	VARIABLE	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	WHEELWRITER (MP)							
	110287	SL	5.00	16	744.		744.	0.
19	WHEELWRITER (BB)							
	120287	SL	5.00	16	550.		550.	0.
20	FIREFILE							
	111589	SL	5.00	16	619.		619.	0.
21	HP L/W III (BACK)							
	040990	SL	5.00	16	1,910.		1,910.	0.
22	BATTERY B/U (MV)							
	071690	SL	5.00	16	400.		400.	0.
23	BATTERY B/U (SS)							
	071690	SL	5.00	16	400.		400.	0.
24	12 STACK CHAIRS							
	071190	SL	10.00	16	108.		108.	0.
25	DESK CHAIR							
	071191	SL	10.00	16	205.		205.	0.
27	TASK CHAIR							
	101091	SL	10.00	16	245.		245.	0.
28	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	H/P LASER JET 4MP (SI)							
	030994	SL	3.00	16	1,350.		1,350.	0.
30	H/P 560C PRINTER (BB)							
	033094	SL	3.00	16	548.		548.	0.
31	GATEWAY 15" MONITOR (MV)							
	062794	SL	3.00	16	380.		380.	0.
32	TOSHIBA CD ROM							
	012096	SL	3.00	16	634.		634.	0.
33	COMPUTER EQUIPMENT - HARD DRIVE							
	022996	SL	3.00	16	313.		313.	0.
34	TABLES							
	030196	SL	10.00	16	397.		397.	0.
35	BACK-UP BATTERIES - COMPUTER							
	032296	SL	3.00	16	431.		431.	0.
36	COMPUTER MONITOR							
	042496	SL	3.00	16	279.		279.	0.
37	REFRIGERATOR							
	110394	SL	3.00	16	472.		472.	0.
38	BLINDS							
	013195	SL	3.00	16	262.		262.	0.
39	COMPUTER							
	051595	SL	3.00	16	3,647.		3,647.	0.
40	COMPUTER EQUIPMENT							
	063095	SL	3.00	16	869.		869.	0.
41	TIMPANI							
	100896	SL	10.00	16	37,812.		36,865.	0.
42	DESK/FILE CABINET							
	013197	SL	5.00	16	582.		582.	0.
43	HARD DRIVE UPGRADE							
	090496	SL	3.00	16	747.		747.	0.
44	ZIP DRIVE							
	091996	SL	3.00	16	262.		262.	0.
45	OFFICE CHAIR							
	060497	SL	3.00	16	162.		162.	0.
46	COMPUTER EQUIPMENT							
	123197	SL	3.00	16	4,122.		4,122.	0.
47	COMPUTERS (2)							
	093097	SL	3.00	16	4,716.		4,716.	0.
48	COMPUTER SOFTWARE							
	121297	SL	3.00	16	323.		323.	0.
49	PHONES (9)							
	090997	SL	5.00	16	883.		883.	0.
50	STORAGE CABINET							
	090997	SL	5.00	16	1,356.		1,356.	0.
51	OFFICE CHAIR							
	062998	SL	3.00	16	140.		140.	0.
52	REALWORLD UPGRADE							
	081798	SL	3.00	16	1,438.		1,438.	0.
53	BEUST COMPUTER							
	102498	SL	3.00	16	1,870.		1,870.	0.
54	COMPUTERS (2)							
	062199	SL	3.00	16	2,577.		2,577.	0.
55	COMPUTER EQUIPMENT							
	123198	SL	3.00	16	938.		938.	0.

718261 04-27-07

- Current year section 179 (D) - Asset disposed

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	YAMAHA CALINOVA							
	092498	SL	5.00	16	3,000.		3,000.	0.
57	OFFICE CHAIRS							
	123198	SL	3.00	16	752.		752.	0.
58	SONY DIGITAL CAMERA							
	031099	SL	3.00	16	869.		869.	0.
59	P-III COMPUTER							
	082399	SL	3.00	16	942.		942.	0.
60	GATEWAY COMPUTER							
	062800	SL	3.00	16	1,642.		1,642.	0.
61	COMPUTER EQUIPMENT							
	020101	SL	3.00	16	8,910.		8,910.	0.
62	COPIER							
	020101	SL	5.00	16	10,775.		10,775.	0.
63	OFFICE CHAIRS (2)							
	062901	SL	5.00	16	613.		613.	0.
64	OFFICE FURNITURE & EQUIPMENT							
	020102	SL	3.00	16	40,732.		40,732.	0.
65	OFFICE FURNITURE & EQUIPMENT							
	020102	SL	5.00	16	1,002.		1,002.	0.
66	COMPUTER							
	123102	SL	5.00	16	1,065.		1,030.	35.
67	MUSIC VAN							
	063003	SL	5.00	16	23,875.		19,100.	4,775.
68	COMPUTERS (3)							
	123103	SL	3.00	16	2,804.		2,804.	0.
69	OFFICE FURNITURE & EQUIPMENT							
	123104	SL	3.00	16	4,633.		3,861.	772.
70	CHINESE CELLO							
	123105	SL	5.00	16	10,000.		3,000.	2,000.
71	YAMAHA KEYBOARD							
	123105	SL	5.00	16	686.		206.	137.
72	COMPUTER S/W							
	123105	SL	3.00	16	3,248.		1,623.	1,083.
73	YAMAHA STANDARD FRENCH HORN							
	101206	SL	5.00	16	2,433.		365.	487.
74	COMPUTER-DESK TOP							
	112206	SL	3.00	16	1,446.		281.	482.
75	JENSEN AUDIOVISION							
	020907	SL	5.00	16	2,427.		202.	485.
76	OCTIVE MARIMBA							
	060107	SL	5.00	16	6,725.		112.	1,345.
77	COMPWAVE COMPUTERS (2)							
	082907	SL	5.00	16	2,366.			394.
	* TOTAL 990 PAGE 2 DEPR							
					225,192.	0.	195,121.	11,995.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
BENEFITS-LEAGUE	13,981.		13,981.	26,110.	-12,129.
BENEFITS-WORKSHOPS	102,782.		102,782.	82,942.	19,840.
TO FM 990, PART I, LINE 9	116,763.		116,763.	109,052.	7,711.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
----------	--	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS	7,724.
TOTAL TO FORM 990, PART I, LINE 20	7,724.

FORM 990	OTHER EXPENSES	STATEMENT	3
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTREACH	82,140.	82,140.		
INSURANCE	18,860.	13,202.	5,658.	
MISCELLANEOUS FEES	1,975.		1,975.	
STAGING & BOX OFFICE	20,866.	14,606.	6,260.	
ADVERTISING	70,743.	70,743.		
DUES & SUBSCRIPTIONS	194,243.	77,697.	116,546.	
OFFICE EXPENSE	15,926.	11,148.	4,778.	
WEBSITE	25,802.	5,160.	20,642.	
RECEPTIONS/EVENTS	10.	10.		
CONSULTANTS	17,630.	17,630.		
CONCERT DEVELOPMENT	25,000.	13,000.	12,000.	
	120,895.	120,895.		
	49,581.			49,581.
TOTAL TO FM 990, LN 43	643,671.	426,231.	167,859.	49,581.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

THE ORGANIZATION PROVIDES PERFORMANCES OF CLASSICAL MUSIC TO THE RESIDENTS OF THE COMMUNITY AND EDUCATIONAL SERVICES TO THE YOUTH.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	1,500.	1,500.	0.
VIOLIN - SUZUKI	460.	460.	0.
VIOLIN - SUZUKI	460.	460.	0.
FLUTE - ARMSTRONG	465.	465.	0.
CLARINET - BUNDY	435.	435.	0.
CLARINET - BUNDY	435.	435.	0.
TRUMPET - KING	520.	520.	0.
TRUMPET - KING	520.	520.	0.
TROMBONE - KING	520.	520.	0.
TROMBONE - KING	520.	520.	0.
FRENCH HORN	200.	200.	0.
SNARE DRUM	100.	100.	0.
CYMBALS - PAIR	50.	50.	0.
TAMBOURINE	25.	25.	0.
TRIANGLE	25.	25.	0.
TYMPANI - SET OF 4	10,000.	10,000.	0.
VIBRAPHONE	3,500.	3,500.	0.
WHEELWRITER (MP)	744.	744.	0.
WHEELWRITER (BB)	550.	550.	0.
FIREFILE	619.	619.	0.
HP L/W III (BACK)	1,910.	1,910.	0.
BATTERY B/U (MV)	400.	400.	0.
BATTERY B/U (SS)	400.	400.	0.
12 STACK CHAIRS	108.	108.	0.
DESK CHAIR	205.	205.	0.
TASK CHAIR	245.	245.	0.
PP L/W III (FRONT)	1,821.	1,821.	0.
H/P LASER JET 4MP (SI)	1,350.	1,350.	0.
H/P 560C PRINTER (BB)	548.	548.	0.
GATEWAY 15" MONITOR (MV)	380.	380.	0.
TOSHIBA CD ROM	634.	634.	0.
COMPUTER EQUIPMENT - HARD DRIVE	313.	313.	0.
TABLES	397.	397.	0.
BACK-UP BATTERIES - COMPUTER	431.	431.	0.
COMPUTER MONITOR	279.	279.	0.

REFRIGERATOR	472.	472.	0.
BLINDS	262.	262.	0.
COMPUTER	3,647.	3,647.	0.
COMPUTER EQUIPMENT	869.	869.	0.
TIMPANI	37,812.	36,865.	947.
DESK/FILE CABINET	582.	582.	0.
HARD DRIVE UPGRADE	747.	747.	0.
ZIP DRIVE	262.	262.	0.
OFFICE CHAIR	162.	162.	0.
COMPUTER EQUIPMENT	4,122.	4,122.	0.
COMPUTERS (2)	4,716.	4,716.	0.
COMPUTER SOFTWARE	323.	323.	0.
PHONES (9)	883.	883.	0.
STORAGE CABINET	1,356.	1,356.	0.
OFFICE CHAIR	140.	140.	0.
REALWORLD UPGRADE	1,438.	1,438.	0.
BEUST COMPUTER	1,870.	1,870.	0.
COMPUTERS (2)	2,577.	2,577.	0.
COMPUTER EQUIPMENT	938.	938.	0.
YAMAHA CALINOVA	3,000.	3,000.	0.
OFFICE CHAIRS	752.	752.	0.
SONY DIGITAL CAMERA	869.	869.	0.
P-III COMPUTER	942.	942.	0.
GATEWAY COMPUTER	1,642.	1,642.	0.
COMPUTER EQUIPMENT	8,910.	8,910.	0.
COPIER	10,775.	10,775.	0.
OFFICE CHAIRS (2)	613.	613.	0.
OFFICE FURNITURE & EQUIPMENT	40,732.	40,732.	0.
OFFICE FURNITURE & EQUIPMENT	1,002.	1,002.	0.
COMPUTER	1,065.	1,065.	0.
MUSIC VAN	23,875.	23,875.	0.
COMPUTERS (3)	2,804.	2,804.	0.
OFFICE FURNITURE & EQUIPMENT	4,633.	4,633.	0.
CHINESE CELLO	10,000.	5,000.	5,000.
YAMAHA KEYBOARD	686.	343.	343.
COMPUTER S/W	3,248.	2,706.	542.
YAMAHA STANDARD FRENCH HORN	2,433.	852.	1,581.
COMPUTER-DESK TOP	1,446.	763.	683.
JENSEN AUDIOVISION	2,427.	687.	1,740.
OCTIVE MARIMBA	6,725.	1,457.	5,268.
COMPWAVE COMPUTERS (2)	2,366.	394.	1,972.
TOTAL TO FORM 990, PART IV, LN 57	225,192.	207,116.	18,076.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN ROBINSON 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	125,000.	3,750.	0.
JUDITH KUIPERS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VICE PRESIDENT HR & ADMIN 1.00	0.	0.	0.
CHARLES R. GREENE 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	EXECUTIVE COMMITTEE 1.00	0.	0.	0.
A.C MOORE 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VICE PRESIDENT FINANCE 1.00	0.	0.	0.
WILLIAM J. CALISE, JR. 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
NANCY RENSHAW 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP EDUCATION & MAJOR GIFTS 1.00	0.	0.	0.
ANN ZYLSTRA 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
JOHN W. WARNOCK 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
PAKSY PLACKIS-CHENG 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
JOE DOBBS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
JAN GILBERT 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	EX OFFICIO DIRECTOR 1.00	0.	0.	0.

SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIA

95-2104089

PATRICIA GREGORY 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
ARDIS HIGGINS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
JANET GARUFIS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	EXECUTIVE VICE PRESIDENT 1.00	0.	0.	0.
DONALD RICHARDSON 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
ARTHUR KVASS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP GOVERNANCE 1.00	0.	0.	0.
GILLIAN LAUNIE 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	PRESIDENT 1.00	0.	0.	0.
H. WALLACE VANDEVER 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
PETER MADLEM 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP AUDIT 1.00	0.	0.	0.
JANET MCGINNIS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	SECRETARY/COUNSEL 1.00	0.	0.	0.
HARRIET MILLER 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
JOSEPH ILVENTO 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	EX OFFICIO DIRECTOR 1.00	0.	0.	0.
HOWARD SIMON 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP ARTISTIC ADVISORY 1.00	0.	0.	0.
MARLYN BERNARD BERNSTEIN 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.

SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIA

95-2104089

DIANE CALVERT 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP HOSPITALITY 1.00	0.	0.	0.
DAVID MACCULLOCH 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP ANNUAL FUND & MAJOR GIFTS 1.00	0.	0.	0.
SHEREEF MOHARRAM 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
GABRIEL QUIROZ 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
STEFAN RIESENFELD 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	TREASURER 1.00	0.	0.	0.
MICHAEL SHEALY 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
WANDA SMITH 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP BUSINESS DEVELOPMNT & NOMINATING 1.00	0.	0.	0.
STEPHEN BECK 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	VP MARKETING 1.00	0.	0.	0.
LOIS DUNCAN 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	LEAGUE PRESIDENT 1.00	0.	0.	0.
NIR KABARETTI 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	EX OFFICIO DIRECTOR 1.00	0.	0.	0.
GEORGE LEIS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
JOHN MATUSZESKI 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
MARILYN MAZESS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.

SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIA

95-2104089

KATHLEEN ROGERS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
RACHEL STULL 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
ARTHUR SWALLEY 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
KEVIN TEEL 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
MARY ELLEN TIFFANY 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		125,000.	3,750.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 7

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	MISSION OF THE ORGANIZATION IS TO PROVIDE PERFORMANCES OF CLASSICAL
93A	MUSIC TO THE RESIDENTS OF THE AREA.
93B	SALES OF PRODUCTS PROMOTING THE SYMPHONY TO THE PUBLIC
93C	ADVERTISING INCOME FROM PROGRAM BOOKS TO HELP COVER COSTS OF CONCERTS.
93D	FEES FOR ATTENDING RECEPTIONS PROMOTING THE PERFORMANCES

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS INCOME	12,431.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	12,431.	0.	0.	0.