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Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Form 990-EZ

2008

Open to Public Inspection

0906

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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 20 09

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending.
C Name of organization: San Juan Symphony
D Employer identification number: 23-7414147
E Telephone number: (970) 3829753
F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)
H Check [] If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.sanjuansymphony.org
J Organization type (check only one) - [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; If \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 291,551

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (188,011); 2 Program service revenue including government fees and contracts (100,239); 3 Membership dues and assessments; 4 Investment income (3,301); 5a Gross amount from sale of assets other than inventory (0); 5b Less: cost or other basis and sales expenses (0); 5c Gain or (loss) from sale of assets other than inventory (0); 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here []; 6a Gross revenue (not including \$ of contributions reported on line 1) (0); 6b Less: direct expenses other than fundraising expenses (0); 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) (0); 7a Gross sales of inventory, less returns and allowances (0); 7b Less: cost of goods sold (0); 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) (0); 8 Other revenue (describe) (0); 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 (291,551); 10 Grants and similar amounts paid (attach schedule) (0); 11 Benefits paid to or for members (0); 12 Salaries, other compensation, and employee benefits (91,546); 13 Professional fees and other payments to independent contractors (151,403); 14 Occupancy, rent, utilities, and maintenance (14,593); 15 Printing, publications, postage, and shipping (18,229); 16 Other expenses (describe advertising, dues&sub, fees, bk charges, office supplies, etc) (50,714); 17 Total expenses. Add lines 10 through 16 (326,485); 18 Excess or (deficit) for the year (Subtract line 17 from line 9) (34,934); 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) (176,112); 20 Other changes in net assets or fund balances (attach explanation) (6,958); 21 Net assets or fund balances at end of year. Combine lines 18 through 20 (134,220).

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 27 rows and 2 columns. Rows include: 22 Cash, savings, and investments (175,812 at beginning, 129,647 at end); 23 Land and buildings (0 at beginning, 0 at end); 24 Other assets (describe 2007&2008-Deposit \$300; 2008 Auto) (300 at beginning, 6,055 at end); 25 Total assets (176,112 at beginning, 135,702 at end); 26 Total liabilities (describe Payroll withholding payable) (1,129 at beginning, 1,482 at end); 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (174,983 at beginning, 134,220 at end).

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? Symphonic Concert Productions			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	The San Juan Symphony performs 8 concerts a year utilizing 80 + musicians from the Four Corners area (AZ, CO, NM & UT) attracting audiences of 300-600 at each performance. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	149,342
29	The San Juan Symphony also has an extensive Youth Outreach and Education Program in the Four Corners area, reaching 4,000 students in 50 classrooms each year. The SJS also sponsors two Youth Concerts (free of charge) and a Family Concert (greatly reduced ticket prices) each year. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	34,925
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	184,267

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Andrea MD, Bruce 1884 CR 204, Durango, CO 81301	Board of Directors (BOD) 1 hr week	0	0	0
Freuden, Hans 601 East 37, Farmington, NM 87401	BOD & Musician Rep 1hr week	0	0	0
Jonas, Joel 24 Carol Drive, Durango, CO 81301	BOD 1 hr week	0	0	0
Chrisman, Kurt 5201 Kayenta DR, Farmington, NM 87402	BOD 1hr week	0	0	0
Lakey, Denise 625 Meseta, Farmington, NM 87401	BOD Vice-Pres 1 hr week	0	0	0
Mapel, Meredith 1875 W. 3rd Ave, Durango, CO 81301	BOD Recording Sec 1 hr week	0	0	0
Michlin, Scott PO Box 5366, Farmington, NM 87499	BOD 1hr week	0	0	0
Ninnemann, John 338 Grand Ave, PO box 779	BOD Musician Rep 1 hr week	0	0	0
Rochford, Sheri 3233 West 7th, Durango, CO 81301	BOD Treasurer 1 hr week	0	0	0
Serzen, Bette 955 Animosita Dr., Durango, Co 81301	BOD 1 hr week	0	0	0
Spencer, Carol 5510 Fairway, Farmington, NM 87402	BOD 1 hr week	0	0	0
Taylor, Beverly 5909 Rinconada St., Farmington, NM 87402	BOD Corresponding Sec 1hr week	0	0	0
Morgenstern, Polly 3581 CR 228, Durango, CO 81301	BOD Pres Emerita 4 hr week	0	0	0
Estes, Diane PO Box 2894, Durango, CO 81302	BOD Director Emerita 1 hr week	0	0	0
Post, Arthur 208 Panorama Dr, Durango, CO 81303	Music Director 30 hrs week	30,000	0	1200
Myrick, Kathy 1295 Escalante Dr #30, Durango, CO 81303	Executive Director 40 hrs week	50,000	0	2400

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
n/a				
Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
n/a		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

Sign Here 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.

Kathy Myrick Signature of officer Date 2/11/10

Kathy Myrick, Executive Director Type or print name and title.

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's Identifying Number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Phone no. () _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-EZ (2008)

CIS IMAGE. DO NOT CORRES FOR SIGNATURE

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						N/A
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,213	166,814	243,556	294,586	188,011	1,032,180
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	98,081	56,780	62,166	97,082	100,239	414,348
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
6 Total. Add lines 1-5	237,294	223,594	305,722	391,668	288,250	1,446,528
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						1,446,528

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	237,294	233,594	305,722	391,668	288,250	1,446,528
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	255	101	803	7,649	3,301	12,109
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	255	101	803	7,649	3,301	12,109
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,458,637

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.2 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	82.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.008 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.16 %

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

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

Area with horizontal dashed lines for supplemental information.

Form 990-EZ 2008 Part 1 Line 20 - Net Assets

San Juan Symphony Tax ID# 23-7414147

Net Assets Line # 20 \$ (6,958.00)

Explanation - Per 990-EZ instructions for line 20 Net Assets: unrealized losses on investments carried at market value; and any difference between fair market value and book value of property given as an award or grant. \$(6,958) represents the unrealized loss from Exxon Mobil Stock held from donations as of 6/30/09.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

Type or print	Name of Exempt Organization San Juan Symphony	Employer identification number 23 : 7414147
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. P.O. Box 1073	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Durango, CO 81302	

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

- | | | |
|---|---|------------------------------------|
| <input 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 checked="" 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 |

• The books are in the care of ▶ **Kathy Myrick, Executive Director**

Telephone No. ▶ (**970**) **382-9753** 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**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 or

▶ tax year beginning **July 1**, 20**08**, and ending **June 30**, 20**09**.

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

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

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
 Telephone No. ▶ (____) _____ 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 is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____ and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Kathy Myrick Title ▶ Exec. Dir. Date ▶ 10/15/09