

# Return of Organization Exempt From Income Tax

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

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **September 01**, 2005, and ending **August 31**, 20 06

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

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

**C** Name of organization  
**UTAH SYMPHONY & OPERA**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**123 WEST SOUTH TEMPLE**

City or town, state or country, and ZIP + 4  
**SALT LAKE CITY, UT 84101**

**D** Employer identification number

**51 : 0145980**

**E** Telephone number

**( 801 ) 533-5626**

**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 ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

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

**G** Website: ▶ **www.utahsymphony.org**

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

**K** Check here ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**I** Group Exemption Number ▶

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **17,427,553**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>		<b>6,770,496</b>	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>		<b>4,034,597</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>10,373,092</b> noncash \$ <b>432,001</b> )				<b>1d</b> <b>10,805,093</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b> <b>4,400,118</b>
	<b>3</b> Membership dues and assessments				<b>3</b>
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b>
	<b>5</b> Dividends and interest from securities				<b>5</b> <b>88,313</b>
	<b>6a</b> Gross rents	<b>6a</b>		<b>534,839</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b> <b>534,839</b>
<b>7</b> Other investment income (describe ▶)				<b>7</b> <b>1,551,511</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
	<b>b</b> Less: cost or other basis and sales expenses.	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))				<b>8d</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b> <b>47,677</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b> <b>17,427,551</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b> <b>14,213,359</b>	
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b> <b>2,394,073</b>	
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b> <b>1,031,042</b>	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))				<b>17</b> <b>17,638,477</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b> <b>(210,926)</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b> <b>43,423,395</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>EXHIBIT A</b>			<b>20</b> <b>776,955</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b> <b>43,989,424</b>	



Department of the Treasury  
Internal Revenue Service  
OGDEN, UT 84201-0074

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: May 28, 2007

Taxpayer Identification Number:  
51-0145980  
Tax Form: 990  
Tax Period: August 31, 2006

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UTAH SYMPHONY & OPERA  
123 W SOUTH TEMPLE  
SALT LAKE CTY UT 84101-1403233

018445

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to July 15, 2007.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

For tax forms, instructions and information visit [www.irs.gov](http://www.irs.gov). (Access to this site will not provide you with your specific taxpayer account information.)

**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. (See the instructions.)

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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	340,635	105,082	175,468
26	Other salaries and wages	26	8,336,815	7,058,775	977,326
27	Pension plan contributions	27	583,635	462,547	92,224
28	Other employee benefits	28	1,140,671	930,805	148,865
29	Payroll taxes	29	663,825	548,035	88,189
30	Professional fundraising fees	30			
31	Accounting fees	31	127,313		127,313
32	Legal fees	32			
33	Supplies	33	51,382	27,015	24,231
34	Telephone	34	43,498	5,736	37,762
35	Postage and shipping	35	44,038		43,030
36	Occupancy	36	298,755	244,877	53,878
37	Equipment rental and maintenance	37	37,262	35,082	2,180
38	Printing and publications	38	118,112	93,024	1,477
39	Travel	39	313,809	289,682	12,642
40	Conferences, conventions, and meetings	40	16,633	16,415	218
41	Interest	41	33,816		33,816
42	Depreciation, depletion, etc. (attach schedule)	42	439,292	153,805	285,487
43	Other expenses not covered above (itemize):				
a	SEE EXHIBIT F	43a	5,048,986	4,242,479	289,967
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	17,638,477	14,213,359	2,394,073
					1,031,045

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 \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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? ► <b>Perform &amp; Educate by US&amp;O</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <b>SYMPHONIC CONCERTS - THIS YEAR THE SYMPHONY PERFORMED FOR AN ESTIMATED AUDIENCE OF 121,000</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	11,189,734
b <b>OPERA PERFORMANCES - THIS YEAR THE OPERA PERFORMED FOR AN ESTIMATED AUDIENCE OF 37,000</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,047,031
c <b>DEER VALLEY MUSIC FESTIVAL - THIS YEAR THE FESTIVAL HAD AN ESTIMATED AUDIENCE OF 33,000</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	976,594
d ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . . ►	<b>14,213,359</b>

**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
Assets	45 Cash—non-interest-bearing . . . . .	759,435	45	584,820
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .	1,834,979		
	b Less: allowance for doubtful accounts . . . . .		47c	1,834,979
	48a Pledges receivable . . . . .	3,041,727		
	b Less: allowance for doubtful accounts . . . . .	127,741	48c	2,913,986
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .			
	b Less: allowance for doubtful accounts . . . . .		51c	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	492,123	53	247,497
	54 Investments—securities (attach schedule) <b>EX C</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	36,971,349	54	36,820,378
	55a Investments—land, buildings, and equipment: basis . . . . .			
b Less: accumulated depreciation (attach schedule) . . . . .		55c		
56 Investments—other (attach schedule) <b>EXHIBIT C</b> . . . . .	68,248	56	57,748	
57a Land, buildings, and equipment: basis . . . . .	7,954,183			
b Less: accumulated depreciation (attach schedule) <b>EXHIBIT B</b> . . . . .	2,203,903	57c	5,750,281	
58 Other assets (describe ▶ . . . . .)		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	48,803,882	59	48,209,689	
Liabilities	60 Accounts payable and accrued expenses . . . . .	1,398,633	60	1,309,941
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	1,640,126	62	1,482,351
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) <b>EXHIBIT D</b>	541,728	64b	526,115
	65 Other liabilities (describe ▶ . . . . .)	1,800,000	65	901,858
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	5,380,487	66	4,220,265	
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 . . . . .	9,036,168	67	8,825,242
	68 Temporarily restricted . . . . .	3,940,880	68	4,060,350
	69 Permanently restricted . . . . .	30,446,347	69	31,103,832
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	43,423,395	73	43,989,424	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	48,803,882	74	48,209,689	

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

<b>a</b>				Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	19,753,471
<b>b</b>				Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	1,356,346			
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>				
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>				
<b>4</b>	Other (specify): <b>EXHIBIT A</b> . . . . .	<b>b4</b>	969,574			
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b>	2,325,920	
<b>c</b>				Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	17,427,551
<b>d</b>				Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>				
<b>2</b>	Other (specify): . . . . .	<b>d2</b>				
	Add lines <b>d1</b> and <b>d2</b> . . . . .			<b>d</b>		
<b>e</b>				Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	17,427,551

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<b>a</b>				Total expenses and losses per audited financial statements . . . . .	<b>a</b>	19,187,442
<b>b</b>				Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	1,356,346			
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>				
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>				
<b>4</b>	Other (specify): <b>EXHIBIT A</b> . . . . .	<b>b4</b>	192,619			
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b>	1,548,965	
<b>c</b>				Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	17,638,477
<b>d</b>				Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>				
<b>2</b>	Other (specify): . . . . .	<b>d2</b>				
	Add lines <b>d1</b> and <b>d2</b> . . . . .			<b>d</b>		
<b>e</b>				Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	17,638,477

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
<b>EXHIBIT E</b> . . . . .				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>44</b>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . .	<b>75b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<b>75c</b>	<input checked="" type="checkbox"/>
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	<input checked="" type="checkbox"/>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

<b>Part VI Other Information</b> (See the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	<input checked="" type="checkbox"/>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . If "Yes," attach a conformed copy of the changes.	<b>77</b>	<input checked="" type="checkbox"/>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	<b>78b</b>	<input checked="" type="checkbox"/>
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	<input checked="" type="checkbox"/>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the organization ► . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <b>81a</b>		
<b>b</b>	Did the organization file Form 1120-POL for this year? . . . . .	<b>81b</b>	<input checked="" type="checkbox"/>

**Part VI Other Information (continued)**

		Yes	No
82a	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.)		
	<b>82b</b>   1,356,346	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Dues, assessments, and similar amounts from members	<b>85c</b>	
d	Section 162(e) lobbying and political expenditures	<b>85d</b>	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	<input checked="" type="checkbox"/>
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?	<b>85h</b>	<input checked="" type="checkbox"/>
86	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	
b	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
87	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders	<b>87a</b>	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
88	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	<b>88</b>	<input checked="" type="checkbox"/>
89a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ..... ; section 4912 ▶ ..... ; section 4955 ▶ .....		
b	<b>501(c)(3) and 501(c)(4) orgs.</b> 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	<b>89b</b>	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed ▶ <b>NONE REQUIRED</b>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>   168	
91a	The books are in care of ▶ <b>Steve Hogan</b> Telephone no. ▶ <b>( 801 ) 869-9057</b> Located at ▶ <b>336 North 400 West, Salt Lake City, UT</b> ZIP + 4 ▶ <b>84103</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ ..... See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>91b</b>	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ .....	<b>91c</b>	<input checked="" type="checkbox"/>
92	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶   <b>92</b>		<input type="checkbox"/>



**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) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>CONCERT &amp; PERFORMANCE REVENUE</b>					<b>4,400,118</b>
b _____					
c _____					
d _____					
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					
96 Dividends and interest from securities . . . . .			<b>14</b>	<b>88,313</b>	
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					<b>534,839</b>
99 Other investment income . . . . .			<b>18</b>	<b>1,551,511</b>	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <b>OTHER</b>					<b>47,677</b>
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				<b>1,639,824</b>	<b>4,982,634</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>6,622,458</b>

Note: Line 105 plus line 1d, 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).
93a, 98	<b>PERFORMANCE AND RENTALS BRING HIGH QUALITY SYMPHONY &amp; OPERA TO THE PUBLIC AND EDUCATIONAL INSTITUTIONS.</b>
103a	<b>VARIOUS MARKETING AND FUNDRAISING PROJECTS SUCH AS CONCESSIONS SALES, DINNERS, ETC. PROMOTES THE VISIBILITY OF THE SYMPHONY &amp; OPERA IN THE COMMUNITY.</b>

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

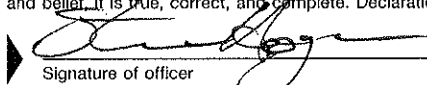
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**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).

Please 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.

Signature of officer:  Date: 7/15/07

Steve Hogan, V.P. Finance/CFO  
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_

	<u>Part I, Line 20</u>	<u>Part IV-A</u> b 4 Revenues	<u>Part IV-B</u> b 4 Expenses
Interest & Dividends on Endowment	722,998	722,998	
Realized & Unrealized Gains/Losses	1,431,888	1,431,888	
Contribution to Endowment	124,696	124,696	
Contributions for Future Use	1,630,797	1,630,797	
Release of Prior Contributions	(1,561,042)	(1,561,042)	
Endowment Investment Expenses	(244,360)		244,360
Allowance for Bad Debts on Endowment	51,741		(51,741)
5% Draw	(1,379,763)	(1,379,763)	
	<u>776,955</u>	<u>969,574</u>	<u>192,619</u>

PART II, LINE 42-DEPRECIATION

	Current Depreciation	B. Program Services	C. Management and General
Office Equipment	\$ 28,001		\$ 28,001
Vehicles	\$ 17,101		\$ 17,101
Symphony Hall Equipment	\$ 71,063	\$ 71,063	
Building	\$ 193,259		\$ 193,259
Equipment	\$ 128,167	\$ 82,742	\$ 45,425
Land	\$ -		
Construction in Progress	\$ 1,701		\$ 1,701
Subtotal	<u>\$ 439,292</u>	<u>\$ 153,805</u>	<u>\$ 285,487</u>

PART IV, LINE 57-FIXED ASSETS

	Cost	Accumulated Depreciation	Book Value
Office Equipment	\$ 411,423	\$ 104,967	\$ 306,456
Vehicles	\$ 98,242	\$ 63,186	\$ 35,056
Symphony Hall Equipment	\$ 435,167	\$ 258,136	\$ 177,031
Building	\$ 5,509,709	\$ 993,129	\$ 4,516,580
Equipment	\$ 1,228,087	\$ 780,232	\$ 447,855
Land	\$ 229,500	\$ -	\$ 229,500
Construction in Progress	\$ 42,055	\$ 4,253	\$ 37,802
Subtotal	<u>\$ 7,954,183</u>	<u>\$ 2,203,903</u>	<u>\$ 5,750,280</u>

PART IV, LINES 54, 56 - INVESTMENTS

	Beginning of Year	End of Year
Line 54, Investments--Securities		
Government Bonds	\$ 5,770,231	\$ 5,747,848
Corporate Bonds	\$ 3,076,907	\$ 3,773,952
Corporate Stocks	\$ 25,842,438	\$ 24,321,530
Hedge Funds	\$ 1,778,933	\$ 1,875,224
Instrument Loans	\$ 101,966	\$ 109,767
Money Market	\$ 400,874	\$ 992,057
	<u>\$ 36,971,349</u>	<u>\$ 36,820,378</u>
Line 56, Investments--Other		
Real Estate	\$ 17,400	\$ 6,900
Paintings and Art	\$ 50,848	\$ 50,848
	<u>\$ 68,248</u>	<u>\$ 57,748</u>

UTAH SYMPHONY OPERA  
51-0145980  
2005 FORM 990

EXHIBIT D

PART IV, LINE 64b - MORTGAGES

	Beginning of Year	End of Year
Line 64b--Mortgages		
RDA of Salt Lake	\$ 500,000	\$ 500,000
Great American-Phone Lease	\$ 41,728	\$ 26,115
	<u>\$ 541,728</u>	<u>\$ 526,115</u>

UTAH SYMPHONY OPERA  
 51-0145980  
 2005 FORM 990  
 PART V, Officers, Directors, and Trustees

EXHIBIT E

Name and Address	Title & Time Devoted to Position	Compensation	Contr to Employee Benefit Plans	Expense Accounts and Other Allowance
Anne Ewers 1338 S 1700 E Salt Lake City, UT 84108	CEO 40+ hrs per week	\$180,250	\$14,420	\$4,550
David Green 2717 S Grandview Circle Salt Lake City, UT 84106	COO 40+ hrs per week	\$90,000	\$7,200	\$0
Steve Hogan 606 E. Fuirwood Lane Sandy, UT 84070	CFO 40+ hrs per week	\$70,385	\$5,631	\$0
G. Frank Joklik 60 E South Temple Ste 1225 Salt Lake City, UT 84111	Former Chairman 5 hrs per week	\$0	\$0	\$0
Patricia Richards 299 S Main Street, 7th Floor Salt Lake City, UT 84111	Chairman of the Board 5 hrs per week	\$0	\$0	\$0
Ronald Beck 675 E 500 S Ste 600 Salt Lake City, UT 84102	Vice-Chair 5 hrs per week	\$0	\$0	\$0
Raymond Dardano 299 S Main Street Ste 2275 Salt Lake City, UT 84111	Vice-Chair 5 hrs per week	\$0	\$0	\$0
Edward Ashwood 500 Chipeta Way Salt Lake City, UT 84108	Director 5 hrs per week	\$0	\$0	\$0
Barry Baker 7267 Purple Sage Park City, UT 84098	Director 5 hrs per week	\$0	\$0	\$0
Bonnie Beesley 1492 Kristianna Circle Salt Lake City, UT 84103	Director 5 hrs per week	\$0	\$0	\$0
Thomas Bennett 201 S Main Street Ste 600 Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
Kirk Benson 10653 S River Front Parkway South Jordan, UT 84095	Director 5 hrs per week	\$0	\$0	\$0

UTAH SYMPHONY OPERA  
 51-0145980  
 2005 FORM 990  
 PART V, Officers, Directors, and Trustees

EXHIBIT E

Name and Address	Title & Time Devoted to Position	Compensation	Contr to Employee Benefit Plans	Expense Accounts and Other Allowance
David Carlebach 295 Chipeta Way, 4th Floor Salt Lake City, UT 84108	Director 5 hrs per week	\$0	\$0	\$0
Kathryn Carter 1085 Alton Way Salt Lake City, UT 84108	Director 5 hrs per week	\$0	\$0	\$0
Bruce Christensen 55 N 300 W Salt Lake City, UT 84180	Director 5 hrs per week	\$0	\$0	\$0
Howard Clark 2725 E Parleys Way Ste 120 Salt Lake City, UT 84109	Director 5 hrs per week	\$0	\$0	\$0
John D'Arcy 1 S Main Street, 2nd Floor Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
Lisa Eccles 79 S Main Street, 12th Floor Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
J.I. "Chip" Everest 423 W. 300 S. Ste 200 Salt Lake City, UT 84101	Director 5 hrs per week	\$0	\$0	\$0
Jerry Fenn 250 Bell Plaza Ste 1614 Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
Kristen Fletcher 355 Hollyhock Street Park City, UT 84098	Director 5 hrs per week	\$0	\$0	\$0
Burton Gordon 1431 N Astor Street Chicago, IL 60610	Director 5 hrs per week	\$0	\$0	\$0
Kathie Horman 1 Bentwood Lane Sandy, UT 84092	Director 5 hrs per week	\$0	\$0	\$0
Richard Horne PO Box 58477 Salt Lake City, UT 84158	Director 5 hrs per week	\$0	\$0	\$0
Dan Johnson 2341 N 1100 W Salt Lake City, UT 84116	Director 5 hrs per week	\$0	\$0	\$0

UTAH SYMPHONY OPERA  
 51-0145980  
 2005 FORM 990  
 PART V, Officers, Directors, and Trustees

EXHIBIT E

Name and Address	Title & Time Devoted to Position	Compensation	Contr to Employee Benefit Plans	Expense Accounts and Other Allowance
Matt Klein 1163 University Village Salt Lake City, UT 84108	Director 5 hrs per week	\$0	\$0	\$0
R. David McMillan 50 E. North Temple Rm 1824 Salt Lake City, UT 84150	Director 5 hrs per week	\$0	\$0	\$0
Judith Mitchell 1875 28th Street Ogden, UT 84403	Director 5 hrs per week	\$0	\$0	\$0
Edward Moreton 709 E South Temple Salt Lake City, UT 84102	Director 5 hrs per week	\$0	\$0	\$0
Terrell Nagata 242 S 400 E Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
William Nelson 36 S State St, 22nd Floor Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
Gary Ofenloch 1364 E Perry's Hollow Drive Salt Lake City, UT 84103	Director 5 hrs per week	\$0	\$0	\$0
Don Ostler 2892 Kennedy Drive Salt Lake City, UT 84108	Director 5 hrs per week	\$0	\$0	\$0
Dinesh Patel 2795 E Cottonwood Pkwy Ste 360 Salt Lake City, UT 84122	Director 5 hrs per week	\$0	\$0	\$0
Frank Pignanelli 60 S 600 E Ste 150 Salt Lake City, UT 84102	Director 5 hrs per week	\$0	\$0	\$0
John Scowcroft 150 S Social Hall Ave Ste 400 Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
Joanne Shiebler 7905 Woodland View Drive Park City, UT 84060	Director 5 hrs per week	\$0	\$0	\$0
Douglas Short 4315 South 2700 West Salt Lake City, UT 84184	Director 5 hrs per week	\$0	\$0	\$0



UTAH SYMPHONY OPERA  
 51-0145980  
 2005 FORM 990  
 PART V, Officers, Directors, and Trustees

EXHIBIT E

Name and Address	Title & Time Devoted to Position	Compensation	Contr to Employee Benefit Plans	Expense Accounts and Other Allowance
Jeffery Smith 6405 S 3000 E Salt Lake City, UT 84121	Director 5 hrs per week	\$0	\$0	\$0
George Speciale 39 Exchange Place Ste 200 Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
Jim Wall 30 E 100 S Salt Lake City, UT 84111	Director 5 hrs per week	\$0	\$0	\$0
John Williams 48 Market Street Ste 250 Salt Lake City, UT 84101	Director 5 hrs per week	\$0	\$0	\$0
Connie Wimer 1768 Navajo Drive Ogden, Ut 84403	Director 5 hrs per week	\$0	\$0	\$0
Anne-Marie Wright 1160 Bonneville Drive Salt Lake City, UT 84108	Director 5 hrs per week	\$0	\$0	\$0
Jeffrey Wright 159 W Broadway Ste 200 Salt Lake City, UT 84101	Director 5 hrs per week	\$0	\$0	\$0
Larry Zalkind 2321 Lakeline Dr. Salt Lake City, UT 84109	Director 5 hrs per week	\$0	\$0	\$0

Line 43b - Expenses	<u>(A) Total</u>	<u>(B) Program</u>	<u>(C) Management &amp; General</u>	<u>(D) Fundraising</u>
Donor Cultivation	\$ 291,319	\$ -	\$ -	\$ 291,319
Marketing	1,314,890	1,314,890	-	-
Guild expenses	225,221	-	-	225,221
Conductor	207,682	207,682	-	-
Stage/Lighting	129,313	129,313	-	-
Sound	114,276	114,276	-	-
Stagehands	227,590	227,590	-	-
Guest Artists	792,084	792,084	-	-
Music Purchases/Rental/Royalties	110,426	110,426	-	-
Box Office	140,324	140,324	-	-
Opera Artistic	652,328	652,328	-	-
Costume Shop	152,806	152,806	-	-
Production Expenses	29,998	29,998	-	-
Education	13,114	13,114	-	-
Other Program	62,558	62,558	-	-
Miscellaneous	328,975	39,008	289,967	-
Set/Scenery	256,082	256,082	-	-
	<u>\$ 5,048,986</u>	<u>\$ 4,242,479</u>	<u>\$ 289,967</u>	<u>\$ 516,540</u>

**UTAH SYMPHONY**  
 SUPPORT TEST - SCH. A, PART IV  
 CASH BASIS

	<u>2004</u>	<u>2003</u>
Line 15 - Gifts, Grants and Contributions Received	12,339,832	10,194,950
Beg. Pledge Receivable	5,254,155	4,269,350
End. Pledge Receivable	<u>(2,507,074)</u>	<u>(5,254,155)</u>
Cash Basis	<u><u>15,086,913</u></u>	<u><u>9,210,145</u></u>
Line 17 - Program Revenue	4,125,773	3,677,801
Beg. Accounts Receivable	2,818,822	1,376,018
Ending Accounts Receivable	<u>(2,116,491)</u>	<u>(2,818,822)</u>
Cash Basis	<u><u>4,828,104</u></u>	<u><u>2,234,997</u></u>
Line 18 - 990, Line 5 -- Dividends	98,153	91,694
990, Line 6 -- Gross Rents	296,476	305,434
990, Line 7 -- Other Investment Income	<u>1,673,830</u>	<u>1,243,600</u>
Cash Basis	<u><u>2,068,459</u></u>	<u><u>1,640,728</u></u>
Line 22 - Other -- 990, Line 11	<u><u>177,790</u></u>	<u><u>120,956</u></u>

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

**Organization Exempt Under Section 501(c)(3)**

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

OMB No. 1545-0047

**2005**

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 <b>UTAH SYMPHONY &amp; OPERA</b>	Employer identification number <b>51 : 0145980</b>
--	---

**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
RALPH MATSON 1292 FED HEIGHTS DR, SLC, UT 84103	CONCERTMASTER 40+HRS/WEEK	136,714	4,618	0
LLEWELLYN HUMPHREYS 380 E STREET, SLC, UT 84103	MUSICIAN/PER MGR 40+HRS/WEEK	89,728	4,618	0
NICK NORTON 1208 HARVARD AVE, SLC, UT 84105	MUSICIAN 40+HRS/WEEK	81,350	4,618	0
LISA BRUEMMER 3930 PROSPECTOR DR, SLC, UT 84121	MUSICIAN/ASST PER 40+HRS/WEEK	79,989	4,618	0
GLENN LANHAM 1740 E MICHIGAN AVE, SLC, UT 84108	VP-DEVELOPMENT 40+HRS/WEEK	79,500	6,360	0
Total number of other employees paid over \$50,000 . ▶	91			

**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
ISOLE, INC 1032 COUNTRY CLUB RD, BREVARD, NC 28712	SYMPHONY CONDUCTOR MUSIC DIRECTOR	256,555
PERFORMANCE AUDIO 2456 S. WEST TEMPLE, SLC, UT 84115	SOUND	87,941
LOVE COMMUNICATIONS 546 SOUTH 200 WEST, SLC, UT 84101	MARKETING	86,619
R & R PARTNERS, INC 900 S. PAVILION CENTER DR, LAS VEGAS, NV 89144	MARKETING	84,442
IMG ARTISTS 1360 EAST 9TH STREET STE 100, CLEVELAND, OH 44114	ARTISTS	88,500
Total number of others receiving over \$50,000 for professional services . ▶	6	

**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
SALT LAKE MAILING & PRINTING 1841 S PIONEER RD, SLC, UT 84104	MAILING	205,346
NEWSPAPER AGENCY PO BOX 704005, WVC, UT 84170	ADVERTISING	117,283
MILLS PUBLISHING 772 E 3300 S STE 200, SLC, UT 84106	PROGRAMS/ADVERTISING	98,618
RICHTER7 280 SOUTH 400 WEST STE 200, SLC, UT 84101	MARKETING	64,859
BILL RUESCH PRINT BROKER PO BOX 521418, SLC, UT 84152	AD DESIGN	60,400
Total number of other contractors receiving over \$50,000 for other services . ▶	8	

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

	Yes	No
<b>1</b> 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 ▶ \$ <u>0</u> (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.		✓
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities?		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
<b>e</b> Transfer of any part of its income or assets?		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	✓	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	✓	
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**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. **EXHIBIT G**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	14,885,908	9,252,518	10,817,889	4,290,024	39,246,339
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	4,155,073	2,234,997	4,781,668	1,193,848	12,365,586
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,068,459	1,640,728	1,701,516	(97,566)	5,313,137
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	177,790	120,956	132,674		431,420
23 Total of lines 15 through 22	21,287,230	13,249,199	17,433,747	5,386,306	57,356,182
24 Line 23 minus line 17	17,132,157	11,014,202	12,652,079	4,192,458	44,990,896
25 Enter 1% of line 23	212,872	132,492	174,337	53,863	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 899,818
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 7,317,826
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 44,990,896
d Add: Amounts from column (e) for lines:	18 5,313,137	19 0			
22 431,420	26b 7,317,826			26d 13,062,383	
e Public support (line 26c minus line 26d total)					26e 31,928,513
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 71 %
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:					
(2004) .....	(2003) .....	(2002) .....	(2001) .....		
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:					
(2004) .....	(2003) .....	(2002) .....	(2001) .....		
c Add: Amounts from column (e) for lines:	15 _____	16 _____			
17 _____	20 _____	21 _____			27c _____
d Add: Line 27a total, _____ and line 27b total, _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

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

		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.) ..... .....		
34a	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 . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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	
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—	41	
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			
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000			
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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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:

- 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.)

Yes	No	Amount

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



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		✓
(ii) Other assets		✓
<b>b</b> Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		✓
(ii) Purchases of assets from a noncharitable exempt organization		✓
(iii) Rental of facilities, equipment, or other assets		✓
(iv) Reimbursement arrangements		✓
(v) Loans or loan guarantees		✓
(vi) Performance of services or membership or fundraising solicitations		✓
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		✓
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes    No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**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

**2005**

Name of organization

UTAH SYMPHONY & OPERA

Employer identification number

51 : 0145980

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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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).

Name of organization  
**UTAH SYMPHONY & OPERA**

Employer identification number  
**51 : 0145980**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<b>GEORGE &amp; DELORES ECCLES FOUNDATION</b> 79 S. MAIN STREET 12TH FLOOR SALT LAKE CITY, UT 84111	\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<b>GEORGE &amp; DELORES ECCLES FOUNDATION</b> 79 S. MAIN STREET 12TH FLOOR SALT LAKE CITY, UT 84111	\$ 375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<b>UBS FINANCIAL SERVICES</b> 299 S. MAIN STREET STE 2275 SALT LAKE CITY, UT 84111	\$ 350,678	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)