

**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)

OMB No. 1545-0047

**2003****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 2003 calendar year, or tax year beginning September 01, 2003, and ending August 31, 2004****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return

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) ▶☐ Application pending

• 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**I** Group Exemption Number ▶**G** Website: ▶ **www.utahsymphonyopera.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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,676,808****M** Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Direct public support	<b>1a</b>	<b>6,291,762</b>		
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>	<b>3,945,561</b>		
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>10,194,950</b> noncash \$ <b>42,373</b> )	<b>1d</b>		<b>10,237,323</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>3,677,801</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>91,694</b>	
<b>6a</b> Gross rents	<b>6a</b>	<b>305,434</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>305,434</b>	
<b>7</b> Other investment income (describe ▶ )	<b>7</b>		<b>1,243,600</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	<b>8d</b>			
<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>120,956</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>15,676,808</b>	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>14,947,409</b>	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>1,844,140</b>	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>878,769</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>17,670,318</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>(1,933,510)</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>43,495,684</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>Exhibit A</b>	<b>20</b>		<b>3,208,163</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>44,710,337</b>	

Form **8868**  
(December 2000)

Department of the Treasury  
Internal Revenue Service

## 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).

Note: 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)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or  
print

Name of Exempt Organization

UTAH SYMPHONY & OPERA

Employer identification number

51-0145980

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.

123 WEST SOUTH TEMPLE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SALT LAKE CITY, UT 84101

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

☒ Form 990

☐ Form 990-T (corporation)

☐ Form 4720

☐ Form 990-BL

☐ Form 990-T(sec. 401(a) or 408(a) trust)

☐ Form 5227

☐ Form 990-EZ

☐ Form 990-T (trust other than above)

☐ Form 6069

☐ Form 990-PF

☐ Form 1041-A

☐ Form 8870

- 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-month, for 990-T corporation) extension of time until APRIL 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning SEPTEMBER 1, 2003, and ending AUGUST 31, 2004.

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. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

### 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



Title ► CPA

Date ► 1/13/05

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

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- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: 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)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	UTAH SYMPHONY & OPERA	51-0145980
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	123 WEST SOUTH TEMPLE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SALT LAKE CITY, UT 84101	

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

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

- 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.

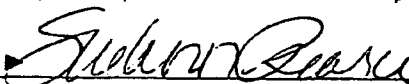
1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until APRIL 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning SEPTEMBER 1, 2003, and ending AUGUST 31, 2004.

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 . . . . . \$ \_\_\_\_\_
- 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 . . . . . \$ \_\_\_\_\_
- 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 . . . . . \$ \_\_\_\_\_

### 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  Title CPA Date 1/13/05  
For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

**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 page 22 of 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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. . . . .	268,135	104,025	104,025	60,085
26	Other salaries and wages . . . . .	8,711,274	7,905,129	520,441	285,703
27	Pension plan contributions . . . . .	588,200	464,196	93,939	30,065
28	Other employee benefits . . . . .	168,154	8,687	86,422	73,045
29	Payroll taxes . . . . .	1,558,391	1,558,391		
30	Professional fundraising fees . . . . .				
31	Accounting fees . . . . .	91,647		91,647	
32	Legal fees . . . . .				
33	Supplies . . . . .	94,982	72,336	22,646	
34	Telephone . . . . .	48,609		48,609	
35	Postage and shipping . . . . .	49,974	3,447	42,501	
36	Occupancy . . . . .	352,721	186,468	166,253	
37	Equipment rental and maintenance . . . . .	25,232	24,828	404	
38	Printing and publications . . . . .	26,242	1,304	5,474	19,464
39	Travel . . . . .	132,025	76,279	9,022	16,724
40	Conferences, conventions, and meetings . . . . .	15,613		15,613	
41	Interest . . . . .	64,425		64,425	
42	Depreciation, depletion, etc. (attach schedule)	416,700	138,537	278,163	
43	Other expenses not covered above (itemize): a <b>Mktg</b>	2,252,032	1,599,329	8,863	
b	<b>Other Program Expenses (Exhibit G)</b>	3,048,758	2,796,692	103,658	24,933
c	<b>Donor Cultivation</b>	126,016			126,016
d	<b>Guild Expenses</b>	218,538			218,538
e	<b>Misc.</b>	532,110	7,761	182,035	20,170
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	17,670,318	14,947,409	1,844,410	878,769

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 page 25 of the instructions.)What is the organization's primary exempt purpose? **Perform and Educate by Utah Symphony & Opera**

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	<b>SYMPHONIC CONCERTS - THIS YEAR THE SYMPHONY PERFORMED FOR AN ESTIMATED AUDIENCE OF 124,000</b>	
	(Grants and allocations \$ _____)	9,479,900
b	<b>OPERA PERFORMANCES - THIS YEAR THE OPERA PERFORMED FOR AN ESTIMATED AUDIENCE OF 34,000</b>	
	(Grants and allocations \$ _____)	3,851,819
c	<b>DEER VALLEY MUSIC FESTIVAL - THIS YEAR THE FESTIVAL HAD AN ESTIMATED AUDIENCE OF 31,000</b>	
	(Grants and allocations \$ _____)	1,739,766
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	15,071,485

**Part IV Balance Sheets** (See page 25 of 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 . . . . .	1,703,381	45	988,513
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .	2,818,822		
	b Less: allowance for doubtful accounts . . . . .	0	47c	2,818,822
	48a Pledges receivable . . . . .	5,549,053		
	b Less: allowance for doubtful accounts . . . . .	294,898	48c	5,254,155
	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 . . . . .	306,722	53	267,360
	54 Investments—securities (attach schedule) <b>Ex. C</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	32,563,545	54	33,843,763
	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	68,248	
57a Land, buildings, and equipment: basis <b>Ex B</b>	7,652,468			
b Less: accumulated depreciation (attach schedule) . . . . .	1,348,532	57c	6,303,937	
58 Other assets (describe <b>▶</b> )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	46,807,248	59	49,544,798	
Liabilities	60 Accounts payable and accrued expenses . . . . .	987,365	60	1,380,493
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	1,753,164	62	1,463,829
	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>	571,035	64b	556,692
	65 Other liabilities (describe <b>▶</b> )		65	1,433,447
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .	3,311,564	66	4,834,461	
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 . . . . .	11,085,220	67	9,091,710
	68 Temporarily restricted . . . . .	5,487,942	68	7,538,150
	69 Permanently restricted . . . . .	26,922,522	69	28,080,477
	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). . . . .	43,495,684	73	44,710,337
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	46,807,248	74	49,544,798

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.

## Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

#### Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b>	<b>20,301,135</b>	<b>a</b>	Total expenses and losses per audited financial statements . . . ▶	<b>a</b>	<b>19,086,482</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:				<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Net unrealized gains on investments . . . \$				(1)	Donated services and use of facilities \$ <b>1,119,460</b>		
(2)	Donated services and use of facilities \$ <b>1,119,460</b>				(2)	Prior year adjustments reported on line 20, Form 990 . . . . \$		
(3)	Recoveries of prior year grants . . . \$				(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):				(4)	Other (specify):		
	..... \$ (Exhibit A)					..... \$ (Exhibit A)		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	<b>4,624,327</b>			Add amounts on lines (1) through (4) ▶	<b>b</b>	<b>1,416,164</b>
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	<b>15,676,808</b>		<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	<b>17,670,318</b>
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :				<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$				(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):				(2)	Other (specify):		
	..... \$					..... \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>				Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	<b>15,676,808</b>		<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	<b>17,670,318</b>

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule—see page 28 of the instructions.

**Part VI Other Information** (See page 28 of 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>	✓
<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>	✓
<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>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . .	<b>78b</b>	✓
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	✓
<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>	✓
<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>81a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . .	<b>81b</b>	
<b>82a</b> 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? . . .	<b>82a</b>	✓
<b>b</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> 1,119,460	<b>82b</b>	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	✓
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<b>83b</b>	✓
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . .	<b>84a</b>	✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>84b</b>	✓
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . .	<b>85a</b>	✓
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	✓
<b>c</b> Dues, assessments, and similar amounts from members . . . <b>85c</b>	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures . . . <b>85d</b>	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . <b>85e</b>	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . <b>85f</b>	<b>85f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . .	<b>85g</b>	✓
<b>h</b> 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>	✓
<b>86 501(c)(7) orgs. Enter: a</b> Initiation fees and capital contributions included on line 12 . . . <b>86a</b>	<b>86a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . <b>86b</b>	<b>86b</b>	
<b>87 501(c)(12) orgs. Enter: a</b> Gross income from members or shareholders . . . <b>87a</b>	<b>87a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . <b>87b</b>	<b>87b</b>	
<b>88</b> 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>	✓
<b>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶</b>		
<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>	✓
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . ▶		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization. . . . ▶		
<b>90a</b> List the states with which a copy of this return is filed ▶ <b>None Required</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) <b>90b</b> 170	<b>90b</b>	170
<b>91</b> The books are in care of ▶ <b>STEVE HOGAN</b> Telephone no. ▶ ( <b>801</b> ) <b>869-9057</b>		
Located at ▶ <b>123 WEST SOUTH TEMPLE, SLC, UT</b> ZIP + 4 ▶ <b>84101</b>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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>					3,677,801
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			14	91,694	
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					305,434
99 Other investment income			18	1,243,600	
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>					120,956
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,335,294	4,104,191
105 Total (add line 104, columns (B), (D), and (E))					5,439,485

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 page 34 of 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	PERFORMANCE AND RENTALS BRING HIGH QUALITY SYMPHONY & OPERA TO THE PUBLIC AND EDUCATIONAL INSTITUTIONS.
103b	VARIOUS MARKETING & FUNDRAISING PROJECTS SUCH AS CONCESSION SALES, DINNERS, ETC... PROMOTES THE VISIBILITY OF THE SYMPHONY & OPERA IN THE COMMUNITY.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

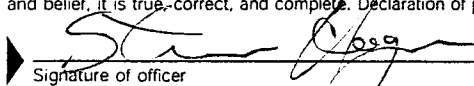
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of 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 <u>3/15/05</u>	
Paid Preparer's Use Only	STEVE HOGAN, DIRECTOR OF FINANCE Type or print name and title.			
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) EIN <u>          </u> Phone no. <u>          </u>





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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2003**

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

Name of the organization

**UTAH SYMPHONY & OPERA**

Employer identification number

**51 0145980**

**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
<b>RALPH MATSON</b> 1292 FED HEIGHTS DR, SLC, UT 84103	<b>CONCERT MASTER</b> 40+ HRS/WEEK	137,825	4,618	0
<b>CRAIG FINESHRIER</b> 7641 SOUTH QUICKSILVER, SLC, UT 84121	<b>MUSICIAN &amp; ASST</b> <b>LIBRARIAN 40 HRS</b> <b>WEEK</b>	88,683	4,618	0
<b>LLEW HUMPHREYS</b> 380 E STREET, SLC, UT 84103	<b>MUSICIAN &amp;</b> <b>PERSONNEL MGR</b> 40 HRS/WEEK	87,960	4,618	0
<b>LISA BRUEMMER</b> 3930 PROSPECTOR DRIVE, SLC, UT 84121	<b>MUSICIAN &amp; ASST</b> <b>PERSONNEL MGR</b> 40 HRS/WEEK	80,749	4,618	0
<b>TAD CALCARA</b> 632 EAST 16TH AVE, SLC 84103	<b>MUSICIAN</b> 40 HRS/WEEK	79,845	4,618	0
Total number of other employees paid over \$50,000	85			

**Part II 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
<b>ISOLE, INC</b> 1032 COUNTRY CLUB RD, BREVARD, NC 28712	<b>SYMPHONY CONDUCTOR/</b> <b>MUSIC DIRECTOR</b>	245,000
<b>ICM ARTISTS, LTD</b> 40 WEST 57TH ST, NY, NY 10019	<b>ARTISTS</b>	77,000
<b>ERNST &amp; YOUNG</b> BANK OF AMERICA - LA98949, LA, CA 90074-8949	<b>ACCOUNTING</b>	64,545
<b>ARTS MANAGEMENT GROUP</b> 1133 BROADWAY STE 1025, NY, NY 10010	<b>GUEST CONDUCTOR</b>	58,500
Total number of others receiving over \$50,000 for professional services		

**Part III** 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 ▶ \$ <u>26,537</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Lending of money or other extension of credit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Furnishing of goods, services, or facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Transfer of any part of its income or assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Do you have a section 403(b) annuity plan for your employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 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.

Calendar year (or fiscal year beginning in) . ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	<b>10,817,889</b>	<b>4,290,024</b>	<b>6,516,344</b>	<b>3,323,323</b>	<b>27,331,264</b>
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .	<b>4,781,668</b>	<b>1,193,848</b>	<b>1,346,822</b>	<b>1,255,857</b>	<b>8,141,854</b>
<b>18</b> 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 . . . . .	<b>1,701,516</b>	<b>(97,566)</b>	<b>295,648</b>	<b>428,657</b>	<b>763,721</b>
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
<b>21</b> 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. . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	<b>132,674</b>				
<b>23</b> Total of lines 15 through 22. . . . .	<b>17,433,747</b>	<b>5,386,306</b>	<b>8,158,814</b>	<b>5,007,837</b>	<b>36,236,839</b>
<b>24</b> Line 23 minus line 17. . . . .	<b>12,652,079</b>	<b>4,192,458</b>	<b>6,811,992</b>	<b>3,751,980</b>	<b>28,094,985</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>174,337</b>	<b>53,863</b>	<b>81,588</b>	<b>50,078</b>	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24. . . . . ▶				<b>26a</b>	<b>724,737</b>
<b>b</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 1999 through 2002 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶				<b>26b</b>	<b>2,859,000</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶				<b>26c</b>	<b>28,094,985</b>
<b>d</b> Add: Amounts from column (e) for lines: <b>18</b> <u>763,721</u> <b>19</b> _____					
<b>22</b> _____ <b>26b</b> <u>2,859,000</u> . . . . . ▶				<b>26d</b>	<b>3,622,721</b>
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶				<b>26e</b>	<b>24,472,264</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶				<b>26f</b>	<b>87.1 %</b>
<b>27 Organizations described on line 12:</b> <b>a</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>b</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 11, as well as individuals.) <b>Do not file this list with your return.</b> 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:					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>c</b> Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____					
<b>17</b> _____ <b>20</b> _____ <b>21</b> _____ . . . . . ▶				<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____ . . . . . ▶				<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total). . . . . ▶				<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . . ▶ <b>27f</b>					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . ▶				<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶				<b>27h</b>	%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

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

	<u>2002</u>
Line 15 - Gifts, Grants and Contributions Received	13,201,573
Beg. Pledge Receivable	1,885,666
End. Pledge Receivable	<u>(4,269,350)</u>
Cash Basis	<u><u>10,817,889</u></u>
Line 17 - Program Revenue	4,345,327
Beg. Accounts Receivable	1,812,359
Ending Accounts Receivable	<u>(1,376,018)</u>
Cash Basis	<u><u>4,781,668</u></u>
Line 18 - 990, Line 5 -- Dividends	136,982
990, Line 6 -- Gross Rents	366,107
990, Line 7 -- Other Investment Income	<u>1,198,427</u>
Cash Basis	<u><u>1,701,516</u></u>
Line 22 - Other -- 990, Line 11	<u><u>132,674</u></u>

**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)

	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 . . . . .		

N/A

**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**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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—		
If the amount on line 40 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 . . . . .	
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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 of the instructions.)

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 <b>Exhibit F</b> . . . . .	✓		26,537
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.) . . . . .			26,537

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? \_\_\_\_\_

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash . . . . .

(ii) Other assets , . . . . .

**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 . . . . .

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .

d 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:

[illegible]

**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:

[illegible]

**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

**2003**

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 box(es) 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 33⅓% 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 1 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 & OPERAEmployer 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
<u>1</u>	GEORGE & DELORES ECCLES FOUNDATION 79 S. MAIN, 12TH FLOOR SALT LAKE CITY, UT 84111	\$ 2,100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	JAMES R. SWARTZ PO BOX 2816 PARK CITY, UT 84060	\$ 759,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	O.C. TANNER COMPANY 1930 SOUTH STATE ST SALT LAKE CITY, UT 84115	\$ 620,754	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	STEWART EDUCATION FOUNDATION PO BOX 9936 OGDEN, UT 84109	\$ 580,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	EMMA ECCLES JONES FOUNDATION PO BOX 45385 SALT LAKE CITY, UT 84145-0385	\$ 475,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	JANET LAWSON FOUNDATION PO BOX 45385 SALT LAKE CITY, UT 84145-0385	\$ 640,814	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
UTAH SYMPHONY & OPERAEmployer 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
7	SJ AND JESSIE E QUINNEY FOUNDATION PO BOX 45385 SALT LAKE CITY, UT 84145-0385	\$ 356,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MARRINERS ECCLES FOUNDATION DESERET BLDG 79 S. MAIN ST RM 701 SALT LAKE CITY, UT 84111	\$ 270,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

UTAH SYMPHONY & OPERA  
51-0145980  
2003 FORM 990

EXHIBIT A

	Part I, Line 20	Part IV	
		(A) Revenues	(B) Expenses
Interest & Dividends on Endowment	561,795	561,795	
Realized & Unrealized Gains/Losses on	1,895,548	1,895,548	
Contribution to Endowment	99,174	99,174	
Contributions for Future Use	4,444,887	4,453,158	
Release of Prior Contributions	(2,342,822)	(2,342,822)	
Endowment Investment Expenses	(200,814)		(200,814)
Allowance for Bad Debts on Endowmen	(87,619)		(95,890)
5% Draw	(1,161,986)	(1,161,986)	
	<u>3,208,163</u>	<u>3,504,867</u>	<u>(296,704)</u>

PART II, LINE 42 - DEPRECIATION

	Current Depreciation	B. Program Services	C. Management and General
Office Equipment	24,295		84,303
Vehicles	15,245	15,245	
Symphony Hall Equipment	62,190	62,190	
Building	193,860		193,860
Equipment	121,110	61,102	-
Land	-	-	-
Construction In Progress	-	-	-
Subtotal	416,700	138,537	278,163

PART IV, LINE 57 - FIXED ASSETS

	Cost	Accumulated Depreciation	Book Value
Office Equipment	383,810	51,238	332,572
Vehicles	76,227	32,224	44,003
Symphony Hall Equipment	391,375	125,884	265,491
Building	5,505,869	606,861	4,899,008
Equipment	1,049,251	532,325	516,926
Land	229,500	-	229,500
Construction In Progress	16,436	-	16,436
Subtotal	7,652,468	1,348,532	6,303,936

UTAH SYMPHONY & OPERA  
51-0145980  
2003 FORM 990  
PART IV, LINES 54, 56 - INVESTMENTS

EXHIBIT C

	Beginning of Year	End of Year
Line 54, Investments -- Securities		
Government Bonds	3,639,917	6,347,472
Corporate Bonds	3,788,020	2,468,935
Corporate Stocks	15,027,055	24,195,431
Instrument Loans	107,592	112,646
Money Market	10,000,961	719,279
	<u>32,563,545</u>	<u>33,843,763</u>
 Line 56, Investments -- Other		
Real Estate	17,400	17,400
Paintings and Art	50,848	50,848
	<u>68,248</u>	<u>68,248</u>

UTAH SYMPHONY & OPERA  
51-0145980  
2003 FORM 990  
PART IV, LINE 64b - MORTGAGES

EXHIBIT D

	Beginning of Year	End of Year
LINE 64b - MORTGAGES		
RDA of Salt Lake	\$ 500,000	\$ 500,000
Great American - Phone Lease	\$ 71,035	\$ 56,692
	<u>\$ 571,035</u>	<u>\$ 556,692</u>

UTAH SYMPHONY & OPERA  
51-0145980  
2003 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	\$ 14,420.00	\$ 4,550
David Green 2717 S Grandview Circle Salt Lake City, UT 84106	COO 40+ hrs per week	\$ 87,885	\$ 7,030.80	0
Chase Peterson 66 Thaynes Canyon Drive Park City, UT 84060-6711	Former Chairman 5 hrs per week	0	0	0
Herbert Livsey PO Box 45385 Salt Lake City, UT 84145-0385	Chairman of the Board 10 hrs per week	0	0	0
G. Frank Joklik 60 East South Temple, Suite 1225 Salt Lake City, UT 84111	Vice-Chair 5 hrs per week	0	0	0
Dwayne Liddell 50 East North Temple, Floor 18 Salt Lake City, UT 84150	Director 10 hrs per week	0	0	0
Larry Schumann 36 South State Street Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Particia Richards 299 South Main Street, 7th Floor Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Ronald Beck 675 East 500 South, Suite 600 Salt Lake City, UT 84102	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
Rodney Brady 60 East South Temple, Suite 575 Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0

UTAH SYMPHONY & OPERA  
51-0145980  
2003 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
Kim Briggs 15 West South Temple, Suite 700 Salt Lake City, UT 84101	Director 5 hrs per week	0	0	0
Roger Carter 1085 Alton Way Salt Lake City, UT 84108	Director 5 hrs per week	0	0	0
Howard Clark 2725 East Parleys Way, Suite 120 Salt Lake City, UT 84109	Director 5 hrs per week	0	0	0
Aileen Clyde 908 Hillcrest Drive Springville, UT 84663	Director 5 hrs per week	0	0	0
John D'Arcy 1 South Main Street, 15th Floor Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Raymond Dardano 299 South Main Street, Suite 2275 Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Peter Dawson 1425 West 2675 North Ogden, UT 84404	Director 5 hrs per week	0	0	0
Geralyn Dreyfous 2233 Fardown Avenue Salt Lake City, UT 84121	Director 5 hrs per week	0	0	0
Lisa Eccles 79 South Main Street, 12th Floor Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Jerry Fenn 250 Bell Plaza, Suite 1614 Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Beverly Goodwin 6127 Sharon Circle Ogden, UT 84403	Director 5 hrs per week	0	0	0



UTAH SYMPHONY & OPERA  
51-0145980  
2003 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
Burton Gordon 1431 North Astor Street Chicago, IL 60610	Director 5 hrs per week	0	0	0
Richard Home 78 "N" Street Salt Lake City, UT 84103	Director 5 hrs per week	0	0	0
Scott Ideson 2890 East Cottonwood Parkway Salt Lake City, UT 84121	Director 5 hrs per week	0	0	0
Clayne Jensen 3131 North Cottonwood Lane Provo, UT 84604	Director 5 hrs per week	0	0	0
Dan Johnson 2351 North 1100 West Salt Lake City, UT 84116	Director 5 hrs per week	0	0	0
Russel King 3088 Polk Avenue Ogden, UT 84403	Director 5 hrs per week	0	0	0
David Langr 2213 East Emerson Avenue Salt Lake City, UT 84108	Director 5 hrs per week	0	0	0
Lee Livengood 490 Northmont Way Salt Lake City, UT 84103	Director 5 hrs per week	0	0	0
Donna Lyon 11 Quietwood Lane Sandy, UT 84092	Director 5 hrs per week	0	0	0
Anthony Middleton, Jr. 2798 Chancellor Place Salt Lake City, UT 84108	Director 5 hrs per week	0	0	0

UTAH SYMPHONY & OPERA  
51-0145980  
2003 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
Edward Moreton 1810 Countryside Drive Salt Lake City, UT 84106	Director 5 hrs per week	0	0	0
Terrell Nagata 242 South 400 East Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
William Nelson 36 South State Street, 22nd Floor Salt Lake City, UT 84111	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
James Oyler 600 Komas Drive Salt Lake City, UT 84108	Director 5 hrs per week	0	0	0
Dinesh Patel 2795 E Cottonwood Pkwy, Suite 360 Salt Lake City, UT 84121	Director 5 hrs per week	0	0	0
Frank Pignanelli 60 South 600 East, Suite 150 Salt Lake City, UT 84102	Director 5 hrs per week	0	0	0
Byron Russell 175 East 400 South, Suite 600 Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Joanne Shiebler 5217 Wayzata Blvd, Suite 206 Minneapolis, MN 55416	Director 5 hrs per week	0	0	0
Jeffery Smith 6405 South 3000 East, Suite 200 Salt Lake City, UT 84121	Director 5 hrs per week	0	0	0

UTAH SYMPHONY & OPERA  
51-0145980  
2003 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
Jim Wall 30 East 100 South Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
David Watkiss 201 South Main Street, Suite 600 Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Jeffrey Wright 159 West Broadway, Suite 200 Salt Lake City, UT 84101	Director 5 hrs per week	0	0	0
Joseph Anderson 4394 Adonis Drive Salt Lake City, UT 84124	Director 5 hrs per week	0	0	0
William Bailey 1825 South 3730 West Salt Lake City, UT 84104	Director 5 hrs per week	0	0	0
Kay Cornaby 170 South Main Street, Suite 1500 Salt Lake City, UT 84101	Director 5 hrs per week	0	0	0
DeeDee Corradini 2539 Fairway Village Drive Park City, UT 84060	Director 5 hrs per week	0	0	0
Edwin Firmage 91 East Edgecombe Drive Salt Lake City, UT 84103	Director 5 hrs per week	0	0	0
Calvin Gaddis 2079 East Sierra Ridge Court Salt Lake City, UT 84109	Director 5 hrs per week	0	0	0
Jon Huntsman Jr. 500 Huntsman Way Salt Lake City, UT	Director 5 hrs per week	0	0	0

UTAH SYMPHONY & OPERA  
51-0145980  
2003 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
Jon Huntsman Sr. 500 Huntsman Way Salt Lake City, UT 84108	Director 5 hrs per week	0	0	0
Clark Jones 9717 South Ruskin Circle Sandy, UT 84092	Director 5 hrs per week	0	0	0
David Mortensen 1430 East Presidents Circle, Room 220 Salt Lake City, UT 84112	Director 5 hrs per week	0	0	0
Scott Parker 757 South Woodmoor Circle Bountiful, UT 84010	Director 5 hrs per week	0	0	0
Harris Simmons 1 South Main Street Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
Verl Topham 847 Juniperpoint Dr. Salt Lake City, UT 84103	Director 5 hrs per week	0	0	0
Walker Wallace 2230 East Parleys Terrace Salt Lake City, UT 84109	Director 5 hrs per week	0	0	0
Alonzo Watson, Jr. 79 South Main Street, 12th Floor Salt Lake City, UT 84111	Director 5 hrs per week	0	0	0
David Winder 490 16th Avenue Salt Lake City, UT 84103	Director 5 hrs per week	0	0	0

UTAH SYMPHONY & OPERA  
51-0145980  
2003 FORM 990 SCH A  
PART VI-B, LINE f

EXHIBIT F

During the year the organization contributed to the ZAP reauthorization committee. The purpose of the reauthorization committee is to lobby for the reauthorization of the 0.1% sales tax in Salt Lake County to support the Zoo, Arts, and Parks within the county. Support for this group comes from arts organizations across the salt lake valley.

UTAH SYMPHONY & OPERA  
51-0145980  
2003 FORM 990

EXHIBIT G

**Expenses Line 43b**

Entertainment/Meals	2,175
Instrument Expense	3,181
Costume Cleaning	142,547
Stage/Lighting	417,425
Stagehands	37,745
Props/Supertitles	8,930
Broadcast Taping	10,360
Conductor/Artist	1,521,130
Travel	77,493
Music Purchases/Royalties	125,368
Ensemble	185,610
Auditions	9,677
Other Production	507,117
	<u>3,048,758</u>