

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)

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

OMB No. 1545-0047

2007**Open to Public Inspection**

A For the 2007 calendar year, or tax year beginning September 1 , 2007, and ending August 31 , 20										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization UTAH SYMPHONY & OPERA</td> <td>D Employer identification number 51 0145980</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 123 WEST SOUTH TEMPLE</td> <td>E Telephone number (801) 533-5626</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 SALT LAKE CITY, UT 84101</td> <td>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</td> </tr> </table>	C Name of organization UTAH SYMPHONY & OPERA		D Employer identification number 51 0145980	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 123 WEST SOUTH TEMPLE		E Telephone number (801) 533-5626	City or town, state or country, and ZIP + 4 SALT LAKE CITY, UT 84101		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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G Website: ▶ WWW.USUO.ORG										
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.										
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 16377119										
M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).										

• 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 ▶

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	6099489	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d	4041448	
	e Total (add lines 1a through 1d) (cash \$ 9983675 noncash \$ 157262)	1e		10140937
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		3865681
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		118424
	6a Gross rents	6a	777727	
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		777727	
7 Other investment income (describe ▶ Endowment Draw)	7		1440721	
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11		33629	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		16377119	
Net Assets	13 Program services (from line 44, column (B))	13		14943408
	14 Management and general (from line 44, column (C))	14		2762212
	15 Fundraising (from line 44, column (D))	15		1271990
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		18977610
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-2600491	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		45940592	
20 Other changes in net assets or fund balances (attach explanation)	20		-4050762	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		39289339	



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

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

Notice Number: CP211A

Date: February 23, 2009

Taxpayer Identification Number:

51-0145980

Tax Form: 990

Tax Period: August 31, 2008

015100.582413.0053.001 1 AT 0.346 370



UTAH SYMPHONY & OPERA
336 N 400 W
SALT LAKE CTY UT 84103

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 April 15, 2009.

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.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit 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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 337187		235802	101385
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26 7826977	6626397	756924	443656
27	Pension plan contributions not included on lines 25a, b, and c	27 634733	492345	90695	51693
28	Employee benefits not included on lines 25a - 27	28 2529450	1988104	541346	
29	Payroll taxes	29 706693	569999	87262	49432
30	Professional fundraising fees	30			
31	Accounting fees	31 89930		89930	
32	Legal fees	32			
33	Supplies	33 67461	39304	27832	325
34	Telephone	34 39593	239	39354	
35	Postage and shipping	35 33840		33117	723
36	Occupancy	36 326369	253388	72981	
37	Equipment rental and maintenance	37 54488	50106	4382	
38	Printing and publications	38 144489	107559	5383	31547
39	Travel	39 244850	232977	5420	6453
40	Conferences, conventions, and meetings	40 22029		22029	
41	Interest	41 68959		68959	
42	Depreciation, depletion, etc. (attach schedule)	42 401334	151740	249594	
43	Other expenses not covered above (itemize):				
a	EXHIBIT F	43a 5449228	4431250	431202	586776
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 18977610	14943408	2762212	1271990

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 <i>(See the instructions.)</i>
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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? ► **PERFORM & EDUCATE**

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 SYMPHONIC CONCERTS - THIS YEAR THE SYMPHONY PERFORMED FOR

AN ESTIMATED AUDIENCE OF 111,933. Please see www.utahsymphony.org for more information.

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

6394047

b OPERA PERFORMANCES - THIS YEAR THE OPERA PERFORMED FOR

AN ESTIMATED AUDIENCE OF 33,638. Please see www.utahopera.org for more information.

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

3492963

c DEER VALLEY MUSIC FESTIVAL - THIS YEAR THE FESTIVAL HAD AN

ESTIMATED AUDIENCE OF 28,662. Please see www.deervalleymusicfestival.org for more information.

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

1599683

d **PROFESSIONAL OUTREACH IN THE SCHOOLS** - presented programs and services in 2007-08 to a cumulative

169,630 students and 7,844 teachers throughout Utah. Please see www.usuoeducation.org for further information.

(Grants and allocations \$ 2223763) If this amount includes foreign grants, check here ☐

3456716

e Other program services (attach schedule)

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

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

14943408

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	1003447	45	287283
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 1718758		
	b Less: allowance for doubtful accounts	47b	47c	1718758
	48a Pledges receivable	48a 1197387		
	b Less: allowance for doubtful accounts	48b 100319	48c	1097068
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	288406	53	360064
	54a Investments—publicly-traded securities <i>Ex C</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	39798663	54a	35791044
	b Investments—other securities (attach schedule) <i>Ex C</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	93595	54b	84036
55a Investments—land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments—other (attach schedule) <i>Exhibit C</i>	57748	56	57748	
57a Land, buildings, and equipment: basis	57a 8475638			
b Less: accumulated depreciation (attach schedule) <i>Exhibit B</i>	57b 3055939	57c	5419699	
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	50823518	59	44815700	
Liabilities	60 Accounts payable and accrued expenses	1068189	60	1589266
	61 Grants payable		61	
	62 Deferred revenue	1536437	62	1544005
	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) <i>Exhibit D</i>	509826	64b	500000
	65 Other liabilities (describe ►)	1768474	65	1893090
66 Total liabilities. Add lines 60 through 65	4882926	66	5526361	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	8762477	67	6161986
	68 Temporarily restricted	3531960	68	2380445
	69 Permanently restricted	33646155	69	30746908
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	45940592	73	39289339
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	50823518	74	44815700

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 40		
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)	75b	✓
c	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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	✓
d	Does the organization have a written conflict of interest policy?	75d	✓

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.)	75d	✓

[illegible]

Part VI Other Information (See the instructions.)

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	✓
77	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.	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a	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?	80a	✓
b	If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	1337
b	Did the organization file Form 1120-POL for this year?	81b	✓

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?	82a	✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	1343254
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	N/A
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	✓
90a	List the states with which a copy of this return is filed ▶ UTAH		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	235
91a	The books are in care of ▶ STEVE HOGAN Telephone no. ▶ (801) 869-9057 Located at ▶ 336 NORTH 400 WEST ZIP + 4 ▶ 84103		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ ☒

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONCERT & PERFORMANCE REVENUE					3865681
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	118424	
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					777727
99 Other investment income			18	1440721	
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 OTHER					33629
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1559145	4677037
105 Total (add line 104, columns (B), (D), and (E))					6236182

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PERFORMANCE AND RENTALS BRING HIGH QUALITY SYMPHONY & OPERA TO THE PUBLIC AND EDUCATIONAL INSTITUTIONS.
& 98	VARIOUS MARKETING AND FUNDRAISING PROJECTS SUCH AS CONCESSIONS SALES, DINNERS, ETC... PROMOTES THE
& 103A	VISIBILITY OF THE SYMPHONY & OPERA IN THE COMMUNITY.

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).

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

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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

Yes	No

**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 _____
STEVE HOGAN, VP OF FINANCE & CFO
 Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's signature _____ Date _____ Check if self-employed ☐
 Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____
 Phone no. _____ () _____

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 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

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
Ralph Thomas Matson 1292 Federal Heights Dr, SLC, UT 84103	Concert Master / 40+	151465	4803	0
Llewellyn Humphreys 380 E St, SLC, UT 84103	Musician - Personnel / 40+	101624	4803	0
William Glenn Lanham 1740 E Michigan Ave, SLC UT 84108	VP Development / 40+	84737	6779	0
Larry Zalkind 2321 Lakeline Dr, SLC, UT 84109	Musician / 40+	84119	4803	0
Nick Norton 1208 Harvard, SLC, UT 84108	Musician / 40+	84086	4803	0
Total number of other employees paid over \$50,000 ▶	85			

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	291972
R&R Partners, Inc 900 S Pavilion Center Dr, Las Vegas, NV 89144	Marketing	86822
Columbia Artists Management 1790 Broadway, New York, NY 10019	Artists	73500
XO Marketing Group 4698 S HIGHLAND DRIVE, #200, SLC, UT 84117	Marketing	65552
Chaplin Entertainment 1650 BROADWAY, #303, New York, NY 10019	Artists	60000
Total number of others receiving over \$50,000 for professional services ▶	2	

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	242172
Salt Lake County Center For The Arts 50 W 200 S, SLC, UT 84101	Building Rent & Ticket Sales	216701
Bonneville Intermountain Radio PO Box 1160, SLC, UT 84110	Advertising	178602
Newspaper Agency Corp PO Box 704005, SLC, UT 84170	Advertising	116571
Deer Valley Resort Company PO Box 1525, Park City, UT 84060	Food Service & Venue Rental	110577
Total number of other contractors receiving over \$50,000 for other services ▶	5	

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>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
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?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	✓
b Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	✓
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ►		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12709740	10398181	15086913	9252518	47447352
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	3713391	4681630	4828104	2234997	15458122
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2623517	2174663	2068459	1640728	8507367
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	86555	47677	177790	120956	432978
23 Total of lines 15 through 22	19133203	17302151	22161266	13249199	71845819
24 Line 23 minus line 17	15419812	12620521	17333162	11014202	56387697
25 Enter 1% of line 23	191332	173022	221613	132492	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶				26a	1127754
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶				26b	2949621
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶				26c	56387697
d Add: Amounts from column (e) for lines: 18 <u>8507367</u> 19 <u> </u> 22 <u>432978</u> 26b <u>2949621</u> ▶				26d	11889966
e Public support (line 26c minus line 26d total) ▶				26e	44497731
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶				26f	79 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) <u>N/A</u> (2005) <u> </u> (2004) <u> </u> (2003) <u> </u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) <u> </u> (2005) <u> </u> (2004) <u> </u> (2003) <u> </u>					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u> ▶				27c	
d Add: Line 27a total <u> </u> and line 27b total <u> </u> ▶				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 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 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 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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			
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.)			

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

Employer identification number

UTAH SYMPHONY & OPERA

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 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 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

Employer identification number

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	George & Delores Eccles Foundation 79 S Main St, 12th Floor SLC, UT 84111	\$ 600000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UBS Financial Services 299 S main St, Ste #2275 SLC, UT 84111	\$ 252710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	The LDS Foundation 60 E South Temple, Ste #575 SLC, UT 84150	\$ 398000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Shiebler Family Foundation 12219 Wood Lake Dr Burnsville, MN 55337	\$ 210000	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.)

	<u>Part I, Line 20</u>	<u>Part IV-A</u>	<u>Part IV-B</u>
		b 4 Revenues	b 4 Expenses
Interest & Dividends on Endowment	812,820	812,820	
Realized & Unrealized Gains/Losses	(2,042,600)	(2,042,600)	
Contribution to Endowment	53,336	53,336	
Contributions for Future Use	850,648	850,648	
Release of Prior Contributions	(1,526,092)	(1,526,092)	
Endowment Investment Expenses	(274,025)		274,025
Allowance for Bad Debts on Endowment	(250,403)		250,403
5% Draw	(1,674,446)	(1,674,446)	
	<u>(4,050,762)</u>	<u>(3,526,334)</u>	<u>524,428</u>

PART II, LINE 42-DEPRECIATION

	Current Depreciation	B. Program Services	C. Management and General
Office Equipment	\$ 11,145		\$ 11,145
Vehicles	\$ 6,595		\$ 6,595
Symphony Hall Equipment	\$ 32,014	\$ 32,014	
Building\Leasehold Improvements	\$ 194,970		\$ 194,970
Equipment	\$ 156,610	\$ 119,726	\$ 36,884
Land	\$ -		
Subtotal	<u>\$ 401,334</u>	<u>\$ 151,740</u>	<u>\$ 249,594</u>

PART IV, LINE 57-FIXED ASSETS

	Cost	Accummulated Depreciation	Book Value
Office Equipment	\$ 432,409	\$ 144,403	\$ 288,006
Vehicles	\$ 113,242	\$ 87,004	\$ 26,238
Symphony Hall Equipment	\$ 523,239	\$ 360,139	\$ 163,100
Building\Leasehold Improvements	\$ 5,553,153	\$ 1,387,183	\$ 4,165,970
Equipment	\$ 1,624,095	\$ 1,077,210	\$ 546,885
Land	\$ 229,500	\$ -	\$ 229,500
Subtotal	<u>\$ 8,475,638</u>	<u>\$ 3,055,939</u>	<u>\$ 5,419,699</u>

PART IV, LINES 54, 56 - INVESTMENTS

	Beginning of Year	End of Year
Line 54a, Investments--Securities		
Government Bonds	\$ 6,835,588	\$ 5,387,769
Corporate Bonds	\$ 2,874,429	\$ 3,525,356
Corporate Stocks	\$ 26,697,541	\$ 23,646,367
Hedge Funds	\$ 2,066,446	\$ 1,940,186
Money Market	\$ 1,324,659	\$ 1,291,366
	<u>\$ 39,798,663</u>	<u>\$ 35,791,044</u>
Line 54b, Investments--Securities		
Instrument Loans	\$ 93,595	\$ 84,036
	<u>\$ 93,595</u>	<u>\$ 84,036</u>
Line 56, Investments--Other		
Real Estate	\$ 6,900	\$ 6,900
Paintings and Art	\$ 50,848	\$ 50,848
	<u>\$ 57,748</u>	<u>\$ 57,748</u>

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	\$ 9,826	\$ -
	<u>\$ 509,826</u>	<u>\$ 500,000</u>

UTAH SYMPHONY OPERA

51-0145980

2007 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
Melia Tourangeau 123 W South Temple Salt Lake City, UT 84101	CEO 40+ hrs per week	\$120,000	\$5,600	\$0
David Green 123 W South Temple Salt Lake City, UT 84101	COO/Interim CEO 40+ hrs per week	\$132,773	\$10,622	\$0
Steve Hogan 123 W South Temple Salt Lake City, UT 84101	CFO 40+ hrs per week	\$84,414	\$6,753	\$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 10 hrs per week	\$0	\$0	\$0
Ronald Beck 4393 S Riverboat Rd 4th Floor Taylorsville, UT 84123	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 115 Parkview Circle Park City, UT 84098	Director 5 hrs per week	\$0	\$0	\$0
Richard J Baringer 747 18th Ave Salt Lake City, UT 84103	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
Kirk Benson 10653 S River Front Parkway South Jordan, UT 84095	Director 5 hrs per week	\$0	\$0	\$0

UTAH SYMPHONY OPERA

51-0145980

2007 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
Blaine L Carlton 201 S Main St #600 Salt Lake City, UT 84111	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
Howard Clark 3013 Sherwood Dr Salt Lake City, UT 84108	Director 5 hrs per week	\$0	\$0	\$0
James Clarke 5202 Douglas Corrigan Way Ste 300 Salt Lake City, UT 84116	Director 5 hrs per week	\$0	\$0	\$0
Gary L Crocker PO Box 3000 Park City, UT 84060	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
John Eckstein 682 11th Avenue Salt Lake City, UT 84103	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 L Gordon 21 E Huron St Apt #4701 Chicago, IL 60611	Director 5 hrs per week	\$0	\$0	\$0
Jim Gulbrandsen 5442 S 900 E Ste 503 Salt Lake City, UT 84117	Director 5 hrs per week	\$0	\$0	\$0

UTAH SYMPHONY OPERA

51-0145980

2007 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
Alan Hall 2475 Washington Blvd Salt Lake City, UT 84402	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
Josh James 550 E Timpanogos Circle Orem, UT 84097	Director 5 hrs per week	\$0	\$0	\$0
Dan Johnson 2351 N 1100 W Salt Lake City, UT 84116	Director 5 hrs per week	\$0	\$0	\$0
Lee Livingood 490 Northmont Way Salt Lake City, UT 84103	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
Edward Moreton 1810 Countryside Dr Salt Lake City, UT 84106	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
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
Ray D Pickup PO Box 57929 Salt Lake City, UT 84157	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
Marcia Price 1270 Fairfax Rd Salt Lake City, UT 84103	Director 5 hrs per week	\$0	\$0	\$0

UTAH SYMPHONY OPERA

51-0145980

2007 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
Mark Prothro 2304 Midwestern Prkwy Ste 200 Wichita Falls, TX 76308	Director 5 hrs per week	\$0	\$0	\$0
Joanne Shiebler PO Box 4491 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
Sean Slatter 880 W Heritage Park Blvd Ste 110 Layton, UT 84041	Director 5 hrs per week	\$0	\$0	\$0
Jeffery Smith PO Box 684200 Park City, UT 84068	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
Melia Tourangeau 123 W South Temple Salt Lake City, UT 84101	Director 5 hrs per week	\$0	\$0	\$0
Judith Vander Heide 2873 E 6200 S Ogden, UT 84403	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
Susan Walles 8317 S 1275 E Sandy, UT 84094	Director 5 hrs per week	\$0	\$0	\$0
Bob Wheaton PO Box 889 Park City, UT 84060	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

Line 43a - Expenses	(A) Total	(B) Program	(C) Management & General	(D) Fundraising
Box Office	\$ 129,312	\$ 129,312	\$ -	\$ -
Costume Shop	191,137	191,137	-	-
Donor Cultivation	335,892	-	-	335,892
Education	24,449	16,200	8,249	-
G&A	240,800	-	240,800	-
Guest Artists	951,409	951,409	-	-
Guild expenses	249,547	-	-	249,547
Lobbying Expenses	1,337	-	-	1,337
Marketing	1,614,853	1,614,853	-	-
Music Purchases/Rental/Royalties	110,680	110,680	-	-
Opera Artistic	807,481	804,478	3,003	-
Production Expenses	163,441	35,143	128,298	-
Set/Scenery	357,329	343,274	14,055	-
Symphony Operations	271,561	234,764	36,797	-
	<u>\$ 5,449,228</u>	<u>\$ 4,431,250</u>	<u>\$ 431,202</u>	<u>\$ 586,776</u>

2007 FORM 990 SCHEDULE A, SUPPORT TEST - SCH. A, PART IV-A
CASH BASIS

	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
Gifts, Grants and Contributions (2006 Form 990 Line 1e)	11,757,157	10,805,093	12,339,832	10,237,323
Beg. Pledge Receivable	2,913,986	2,507,074	5,254,155	4,269,350
End. Pledge Receivable	<u>(1,961,403)</u>	<u>(2,913,986)</u>	<u>(2,507,074)</u>	<u>(5,254,155)</u>
Line 15 - Cash Basis	<u>12,709,740</u>	<u>10,398,181</u>	<u>15,086,913</u>	<u>9,252,518</u>
Program Revenue	3,751,573	4,400,118	4,125,773	3,677,801
Beg. Accounts Receivable	1,834,979	2,116,491	2,818,822	1,376,018
Ending Accounts Receivable	<u>(1,873,161)</u>	<u>(1,834,979)</u>	<u>(2,116,491)</u>	<u>(2,818,822)</u>
Line 17 - Cash Basis	<u>3,713,391</u>	<u>4,681,630</u>	<u>4,828,104</u>	<u>2,234,997</u>
990, Line 5 -- Dividends	108,777	88,313	98,153	91,694
990, Line 6c -- Gross Rents	484,753	534,839	296,476	305,434
990, Line 7 -- Other Investment Income	<u>2,029,987</u>	<u>1,551,511</u>	<u>1,673,830</u>	<u>1,243,600</u>
Line 18 - Cash Basis	<u>2,623,517</u>	<u>2,174,663</u>	<u>2,068,459</u>	<u>1,640,728</u>
Line 22 - Other -- 990, Line 11	<u>86,555</u>	<u>47,677</u>	<u>177,790</u>	<u>120,956</u>