990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 09/01 2015, and ending . 20 16 C Name of organization UTAH SYMPHONY & OPERA D Employer identification number В Check if applicable: Address change Doing business as Utah Symphony I Utah Opera 51-0145980 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 123 West South Temple 801-533-5626 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Salt Lake City, UT, 84101 G Gross receipts \$ 23,197,601 Amended return Application pending F Name and address of principal officer: **Paul Meecham** H(a) Is this a group return for subordinates? Yes No 123 West South Temple, Salt Lake City, UT 84101 **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) ___ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ www.usuo.ora **H(c)** Group exemption number ▶ Form of organization: V Corporation Trust L Year of formation: Association M State of legal domicile: UT Part I Summary 1 Briefly describe the organization's mission or most significant activities: Mission - Connect the community through great live music. Perform - Engage - Inspire. Vision - USUO will be recognized nationally as a leader in artistic excellence, Activities & Governance (Continued on Schedule O, Statement 1) 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 46 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 43 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 514 6 6 Total number of volunteers (estimate if necessary) 632 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 13,412,370 14,783,165 Revenue 9 Program service revenue (Part VIII, line 2g) 5,341,698 5,925,723 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,214,202 1.796.826 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 244,185 54,207 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20.212.455 22,559,921 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 13,690,404 14,206,381 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,175,003 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,645,203 7,976,483 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 20,335,607 22,182,864 19 Revenue less expenses. Subtract line 18 from line 12 -123,152 377,057 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 45,434,507 45,465,319 21 Total liabilities (Part X, line 26) . 4,209,370 3,384,334 22 Net assets or fund balances. Subtract line 21 from line 20 41,225,137 42,080,985 Signature Block Part II 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. Sign Signature of officer Date Here Steve Hogan, VP Finance/CFO Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions) .

Page 2 Form 990 (2015)

Check if Schedule O contains a response or note to any line in this Part III	Part	_
Mission - Connect the community through great live music. Perform - Engage - Inspire. Vision - USUO will be recognized nationally as a laded in anticlic excellence, community service, innevative thinking, sound governance, and financial stability. We aspire to be known as a top orchestra and opera company, a renowned summer music festival, a destination for artists, and inspiration for audiences, and the belowed cultural reasure of our entire state and beyond. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E2? If "Yes." describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. 4 Describe the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 11,804,031 including grants of \$ 1,105,322) (Revenue \$ 3,307,758) Code *711130 SYMPHONIC CONCERTS: The Utlah Symphony was founded during the Great Depression as a Works Progress Administration exchanges and revenue of Roseavelt's New Deal. Today, the Utlah Symphony is the premiers crohestar in the Intermountain West and one of only lifteen year-round orchestras (meaning full salary, benefits, and performing schedule) in the nation. This ranking compares favorably to Utlah's rank of 34th among states in population size. The Utlah Symphony presents over 200 concerts at Abravanet Hall and in communities throughout Utlah, reaching an audience of approximately 101,495 during the season. A variety of programs are offered desturing some of the industry's most librative burst in the country, reaching more than 155,000 students and 6,000 leachers annually. Through our d		·
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	4e	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	V	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	~	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

19

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ť
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			٠,
		22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	04-		
	·	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
07		20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			/
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
C	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	000	_	
00		28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		-
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	251		
00		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 227			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 514			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a	_	
b	If "Yes," enter the name of the foreign country: ► See Schedule O, Statement 5			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	- -		
الم	·	7с		~
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7-		_
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		~
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			~
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 990 (2015) Page **6**

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 46 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 43 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a ~ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c ~ 13 Did the organization have a written whistleblower policy? 13 ~ 1 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☐ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: > Steve Hogan, (801)869-9057

orm 990 (2015)	Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(0	C)					
(A)	(B)	,,			ition			(D)	(E)	(F)
Name and Title	Average					than or is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Şe,	Hig	Former	the	organizations	compensation
	related organizations	direc	Institutional trustee	cer	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	tor ta	ona		ploy	con		(VV-2/1099-10113C)		and related
	line)	nste.	tru		ee	hper				organizations
		В	stee			Highest compensated employee				
						ă				
Jesselie Barlow Anderson	1									
Trustee	0	~						0	0	0
Doyle L Arnold	2									
Trustee	0	~						0	0	0
Edward R Ashwood	1									
Trustee	0	~						0	0	0
J Richard Baringer	1									
Trustee	0	~						0	0	0
Kirk A Benson	2									
Trustee	0	~						0	0	0
Judith M Billings	1									
Trustee	0	~						0	0	0
Howard S Clark	1									
Trustee	0	~						0	0	0
Gary L Crocker	1									
Trustee	0	~						0	0	0
David Dee	2									
Trustee	0	~						0	0	0
Alex J Dunn	1									
Trustee	0	~						0	0	0
Kristen Fletcher	1									
Trustee	0	~						0	0	0
Kem C Gardner	2									
Trustee	0	~						0	0	0
David Golden	1									
Trustee	0	~						0	0	0
Gregory L Hardy	1									
Trustee	0	~						0	0	0

Form 990 (2015) Page **7 - 2**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

				•	C)					
(A)	(B)	(do n	ot oh		ition	e than o	ano	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		er and		irect	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organizations	compensation
	related organizations	vidu	it ti	cer	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr	onal		ploy	com		(VV 2/ 1000 WIIOO)		and related
	line)	uste	trus		ee	ıpen				organizations
		Ф	tee			Highest compensated employee				
						<u> </u>				
Thomas N Jacobson	1									
Trustee	0	~						0	0	0
Ronald W Jibson	2									
Trustee	0	~						0	0	0
Thomas M Love	1									
Trustee	0	~						0	0	0
R David McMillan	1									
Trustee	0	~						0	0	0
Brad W Merrill	1									
Trustee		~						0	0	0
Greg Miller	1									
Trustee	0	~						0	0	0
Edward B Moreton	1									
Trustee	0	~						0	0	0
Theodore F Newlin III	2									
Trustee	0	~						0	0	0
Dinesh Patel	1									
Trustee	0	~						0	0	0
Frank R Pignanelli	1									
Trustee	0	~						0	0	0
Shari H Quinney	1									
Trustee	0	~						0	0	0
Brad Rencher	1									
Trustee	0	~						0	0	0
Bert Roberts	1									
Trustee	0	~						0	0	0
Joanne F Shiebler	2									
Trustee	0	~						0	0	0

Form 990 (2015) Page **7 - 3**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

				(0	C)					
(A)	(B)	(do n	ot oh		ition	e than o	200	(D)	(E)	(F)
Name and Title	Average	١.				is both		Reportable	Reportable	Estimated
	hours per week (list any		er and	_	irect	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organizations	compensation
	related organizations	vidu	tutic	cer	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr tor	onal		ploy	com		(11 2, 1000 111100)		and related
	line)	uste	trus		ee	pen				organizations
		Ф	tee			Highest compensated employee				
						_				
Diane Stewart	1									
Trustee	0	>						0	0	0
Naoma Tate	1									
Trustee	0	~						0	0	0
Thomas Thatcher	1									
Trustee	0	~						0	0	0
Bob Wheaton	1									
Trustee	0	~						0	0	0
John W Williams	1									
Trustee	0	~						0	0	0
Thomas Wright	1									
Trustee	0	~						0	0	0
Travis Peterson	40									
Ex-Officio - Musician	0	~						89,888	0	20,078
Karen Wyatt	40									
Ex-Officio - Musician	0	~						74,010	0	15,919
Donna Smith	1									
Ex-Officio - Utah Symphony Guild	0	~						0	0	0
Genette Biddulph	1									
Ex-Officio - Ogden Symphony Ballet Association	0	~						0	0	0
Nathaniel Eschler	1									
Ex-Officio - Vivace	0	~						0	0	0
Judith Vander Heide	1									
Ex-Officio - Ogde Opera Guild	0	~						0	0	0
David A Peterson	3									
Chairman	0	~						0	0	0
William H Nelson	3									
Vice Chair	0	~						0	0	0

(F)

(A)

(A) Name and title		(B) Average hours per week (list any	box, ι	unles	neck ss pe	rson	than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Annet	te W Jarvis	3									
Secre	ary	0	~						0	0	0
	D'Arcy	3									
Treas		0	~						0	0	0
Pat Ri		40 0			~				29	0	2
	n President & CEO Meecham	40			Ť				29	0	3
	lent & CEO	0			~				108,153	0	8,539
	Green	40							100/100		5/557
Senio	r VP & COO	0			~				127,649	0	27,043
Steve	Hogan	40									
VP of	Finance & CFO	0			~				116,967	0	29,074
Ralph	Matson	40									
	ertmaster	0					~		161,260	0	24,933
	llyn Humphreys	40								_	
Music		0					✓		110,555	0	32,224
	Peterson Development	40 0					~		102,645	0	27,990
	opher McBeth	40					_		102,043	0	21,770
	Artistic Director	0					~		102,799	0	16,389
									102/111		15/001
1b	Sub-total								993,955	0	202,192
С	Total from continuation sheets to Part							>			
d	Total (add lines 1b and 1c)							<u> </u>	993,955	0	202,192
2	Total number of individuals (including but reportable compensation from the organi		l to th	iose	e list	ed a	above	e) w	ho received m	ore than \$100,00	00 of
	reportable compensation from the organi	ZaliOII > 6									Yes No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee.	kev e	emp	olovee, or high	est compensate	
	employee on line 1a? If "Yes," complete S							. '.			3 1
4	For any individual listed on line 1a, is the organization and related organizations										
	individual										4 🗸
5	Did any person listed on line 1a receive o									ation or individu	al
	for services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	for s	such person		5 /
	on B. Independent Contractors			_							
1	Complete this table for your five highest of compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
Thierr	y Fischer, 10 Avenue du Mervelet, Geneva 12	209. Switzer	land					Svi	mphony Condu	ctor/Music I	483,784
	Communications, 546 South 200 West, Salt L			1				_	vertising/Media		412,235
Salt L	ake County Center for the Arts, 50 W 200 S, S	Salt Lake Cit	y, UT	841	01			Bu	ilding rent/Ticke	et sales	322,290
	/alley Resorts, PO Box 1525, Park City, UT 84								od service/Venu		193,327
	3 Artists, 470 Park Avenue South, 9th Floor								tist Managemen		164,314
2	Total number of independent contracto	•	_) th		ove) who	
	received more than \$100,000 of compens	alion from t	ne or	yan	ızat	ion I	_		12		Dec 000 (2015)
											Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

(C) Position

(D)

(E)

Part VIII Statement of Revenue

		Check if Schedule C	contains a i	esponse or no	te to any line in this	s Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campaigns		la	0			
Gra	b	Membership dues .		b	0			
ts, (С	Fundraising events .		l c 196,	968			
Gif	d	Related organizations		ld	0			
ns, Simi	е	Government grants (con		le 4,438,	181			
er S	f	All other contributions, g						
ğ ğ		and similar amounts not inc		1f 10,148,	016			
ont od (g	Noncash contributions include			0			
	h	Total. Add lines 1a-1	f		14,783,165			
Program Service Revenue				Business Co				_
eve	2a	Performance - Symph	ony		4,910,366			0
ĕ	b	Performance - Opera		711110	1,015,357	1,015,357	0	0
ξ	C							
နို	d							
Ian	e	All other program com						
rog	1	All other program ser			0		0	0
	3	Total. Add lines 2a–2 Investment income	(including di	vidends intere	5,925,723			
	"	and other similar amo		· · · · ·				1,796,826
	4	Income from investmen	•		.,,,,,,,,			1,790,820
	5				0			0
	"	Royalties	(i) Real	(ii) Personal	_	0	0	0
	6a	Gross rents	.,	0 503,				
	b	Less: rental expenses		0 375,				
	C	Rental income or (loss)		0 127,				
	d	Net rental income or	(loss)		127,453	0	0	127,453
	7a	Gross amount from sales of	(i) Securities		127/100			127/100
		assets other than inventory		0	0			
	b	Less: cost or other basis						
		and sales expenses .		0	0			
	С	Gain or (loss)		0	0			
	d	Net gain or (loss) .		. <u>.</u>	> 0	0	0	0
Other Revenue	8a b	Gross income from fuevents (not including \$_of contributions reported See Part IV, line 18 Less: direct expenses	196,968 ed on line 1c).	a 122, b 262,				
0	-	Net income or (loss) f			-139,232		0	-139,232
		Gross income from ga		S.	0			107/202
	b	Less: direct expenses Net income or (loss) f		b activities	0	0	0	0
		Gross sales of in returns and allowance	nventory, les	ss	0			
	b	Less: cost of goods s	sold	b	0			
	С	Net income or (loss) f	rom sales of	inventory	> 0	0	0	0
		Miscellaneous P	Revenue	Business Co	de			
	11a b	Other		711110	65,986	65,986	0	0
	С							
	d	All other revenue .			0	0	0	0
	е	Total. Add lines 11a-			65,986			
	12	Total revenue. See in	nstructions.		22,559,921	5,991,709	0	1,785,047

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any lir	ne in this Part IX .		<u>/</u>
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,075,479	576,551	295,899	203,029
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0_
7 8	Other salaries and wages Pension plan accruals and contributions (include	10,166,328	9,487,469	311,731	367,128
9	section 401(k) and 403(b) employer contributions) Other employee benefits	659,000 1,527,819	659,000 1,281,483	153,781	92,555
10 11 a	Payroll taxes	777,755	725,823	23,847	28,085
b c	Legal	0 45,683	0	0 45,683	0
d e	Lobbying	146	0	0	146
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	2,733,158	2,724,561	3,647	4,950
13	Office expenses	1,808,117 59,008	1,241,033	230,712 59,008	336,372
14	Information technology	106,159	0	106,159	0
15	Royalties	0	0	0	0
16	Occupancy	455,758	393,719	62,039	0
17	Travel	477,728	427,529	43,262	6,937
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				•
19	Conferences, conventions, and meetings .	0 30,682	0 570	30,112	0
20	Interest	9,245	0	9,245	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	307,156	101,154	206,002	0
23	Insurance	64,619	0	64,619	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Draduation	1,602,013	1,433,864	166,303	1,846
b	General & Admin	122,429	7,216	114,578	635
С	Guild	154,582	0	21,262	133,320
d					
e	All other expenses	0			
<u>25</u> <u>26</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	22,182,864	19,059,972	1,947,889	1,175,003
					Form 990 (2015)

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		. 🗆
		·		j	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			849,983	1	1,485,430
	2	Savings and temporary cash investments		[0	2	0
	3	Pledges and grants receivable, net		[5,270,269	3	5,833,938
	4	Accounts receivable, net		3,488,064	4	1,958,372	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co					
		Complete Part II of Schedule L	0	5	0		
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd cont itary e	ributing employers and mployees' beneficiary	0	6	0
set	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
,	9	Prepaid expenses and deferred charges		+	577,142	9	510,583
	10a	Land, buildings, and equipment: cost or			0777112		010/000
		other basis. Complete Part VI of Schedule D	10a	8,616,552			
	b	Less: accumulated depreciation	10b		3,677,585	10c	3,518,779
	11	Investments—publicly traded securities	· .		31,406,667		32,001,732
	12	Investments—other securities. See Part IV, line	11 .		6,900		6,900
	13	Investments-program-related. See Part IV, line	11 .		107,049	13	98,737
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11	[50,848	15	50,848	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	45,434,507	16	45,465,319
	17	Accounts payable and accrued expenses			975,989	17	1,030,897
	18	Grants payable	0	18	0		
	19	Deferred revenue			1,895,672	19	2,153,437
	20	Tax-exempt bond liabilities	+	0	20	0	
	21	Escrow or custodial account liability. Complete		- t	0	21	0
ies	22	Loans and other payables to current and for					
iit		trustees, key employees, highest compen					
Liabilities		disqualified persons. Complete Part II of Schedu			0	22	0
_	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelated		•	250,000	24	200,000
	25	Other liabilities (including federal income tax,			4 007 700		
		parties, and other liabilities not included on lines of Schedule D			1,087,709	25	
	26	Total liabilities. Add lines 17 through 25			4 200 270		2 204 224
_	20	Organizations that follow SFAS 117 (ASC 958			4,209,370	20	3,384,334
es		complete lines 27 through 29, and lines 33 and		ok nere P dila			
ınc	27	Unrestricted net assets			5,616,188	27	5,993,246
ale	28	Temporarily restricted net assets		t t	7,581,594		7,898,134
d E	29	Permanently restricted net assets		- t	28,027,355		28,189,605
Net Assets or Fund Balances	-	Organizations that do not follow SFAS 117 (ASC 9					237.377800
or F		complete lines 30 through 34.	•	_			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Ä	32	Retained earnings, endowment, accumulated in	come,	or other funds .		32	
Net	33	Total net assets or fund balances			41,225,137	33	42,080,985
	34	Total liabilities and net assets/fund balances .			45,434,507	34	45,465,319

Form 990 (2015) Page **12**

Part	XI Reconciliation of Net Assets				-	
	Check if Schedule O contains a response or note to any line in this Part XI					~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			22,55	9,921
2	Total expenses (must equal Part IX, column (A), line 25)	2			22,18	2,864
3	Revenue less expenses. Subtract line 2 from line 1	3			37	7,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			41,22	5,137
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			478	8,791
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			42,08	0,985
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in			
_	Schedule O.					
2a				2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compressionated basis, as both	olled (or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	a			
	·					
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orcial	ht			
С	of the audit, review, or compilation of its financial statements and selection of an independent accou			2c	/	
	If the organization changed either its oversight process or selection process during the tax year, ex			20	•	
	Schedule O.	Piairi	""			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
Ja	the Single Audit Act and OMB Circular A-133?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th		ра		
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
	The second secon				990	(2015)
						()

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Name of the organization **Employer identification number UTAH SYMPHONY & OPERA** 51-0145980 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 **(e)** 2015 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 11,290,027 12,819,802 13,242,365 13,425,120 14,783,165 65,560,479 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3. . . . 4 11,290,027 12,819,802 13,242,365 13,425,120 14,783,165 65,560,479 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. 65,560,479 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 13,242,365 13,425,120 65,560,479 11,290,027 12,819,802 14,783,165 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1,326,612 1,580,234 1,742,153 1,796,826 7,660,027 1,214,202 Net income from unrelated business 9 activities, whether or not the business is regularly carried on O 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 50.745 51,396 56,093 50,016 65,986 274,236 **Total support.** Add lines 7 through 10 11 73,494,742 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 89.2 % Public support percentage from 2014 Schedule A, Part II, line 14 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to qualify	under the te	sts listed bei	ow, piease co	mpiete Part	11.)	
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
^	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
_	·						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_							
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u></u>				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(-,-		(1)	(2)	(2)	()
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· ·						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	J					. , , ,
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				_
15	Public support percentage for 2015 (line 8	3, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2014 Sch					16	%
Secti	on D. Computation of Investment In-	come Perce	ntage				
17	Investment income percentage for 2015 (line 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2014	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2015. If the organ						%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2014. If the organiz	_	-	-		_	_
~	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di		-	-			_

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in</i> Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	6		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
L	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	 s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that those activities constituted substantially all of its activities.			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish e						
2	Amounts paid to perform activity that directly furthers exe						
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
<u>6</u>	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.						
		h tha avancination is was					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	porisive				
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	and a different different specific and a specific a	<i>(</i> 2)	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
	Excess distributions carryover, if any, to 2015:						
a							
<u>b</u>							
d	From 2013						
e	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
— b	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
a							
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Part VI

B, lines 1 3a and 3b	and 2; Part IV, Section C,	line 1; Part IV, Section ction B, line 1e; Part V	n D, lines 2 and 3; Part , Section D, lines 5, 6,	b, and 11c; Part IV, Section IV, Section E, lines 1c, 2a, 2b, and 8; and Part V, Section E, tructions.)
Schedule A, Part II, Line	e 10 - Other income from auditi	on fees, instrument rental	s, boutique sales, sheet m	usic rental, and insurance.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

ian) (s	ee separate mstructions), ti	icii			
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer iden	tification number
UTAH	SYMPHONY & OPERA				51-0145980
Part		e organization is exempt unde			organization.
1	•	the organization's direct and indire	•	•	
2	Political expenditures .			\$	
3	Volunteer hours				
Part		e organization is exempt unde			
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organiz			
				Ψ	
2		filing organization's funds contrib			
_		vities			
3		expenditures. Add lines 1 and 2.			
				· ·	
4		n file Form 1120-POL for this year?			-
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were projected			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nai space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Tallaci ii licite, cinci c i	delivered to a separate
					political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		ļ			

Page	2

Pa	rt II-A Complete if the organization section 501(h)).	n is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under	
A	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
Ь	Check ► ☐ if the filing organization che				•		
Ь	Limits on Lobb			ioi provisions a	· · ·	(b) Affiliated	
	(The term "expenditures" me			•	(a) Filing organization's totals	group totals	
1	a Total lobbying expenditures to influence		-				
٠	b Total lobbying expenditures to influence						
	c Total lobbying expenditures (add lines 1a	_					
	d Other exempt purpose expenditures .	,					
	e Total exempt purpose expenditures (add						
	f Lobbying nontaxable amount. Enter columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:			
	Not over \$500,000	20% of the an	nount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.			
	Over \$17,000,000 \$1,000,000.						
	g Grassroots nontaxable amount (enter 25	•					
	h Subtract line 1g from line 1a. If zero or le						
	i Subtract line 1f from line 1c. If zero or les	•					
	j If there is an amount other than zero reporting section 4911 tax for this year?		1h or line 1i, did	-		☐ Yes ☐ No	
	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 separate instructions for lines 2a through 2f.)						
	Lobbying	Expenditures	During 4-Year Av	veraging Period	1		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2	a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column (e))						
	c Total lobbying expenditures						
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount (150% of line 2d, column (e))						
	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	ription of the lobbying activity.	Yes	No	Ar	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	~				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	~				
С	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		~			
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?	~				146
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	~				0
i	Other activities?		~			
j	Total. Add lines 1c through 1i					146
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line (3, is
1 2	Dues, assessments and similar amounts from members	s of	1			
а	Current year		2a			
b	Carryover from last year		2b		-	
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, li	nes 1	and
Sched	dule C, Part II-B, Line 1 - ZAP Reauthorization - a county sales tax of .01% which supports Zoo, Arts, and F	Parks.				
-						

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **UTAH SYMPHONY & OPERA** 51-0145980 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 0 2 Aggregate value of contributions to (during year) 0 0 3 Aggregate value of grants from (during year) . 0 0 4 Aggregate value at end of year 0 972.635 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes
☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedul	e D (Form 990) 2015					Page 2
Part		Collections of	Art Historical 1	Freasures or C	ther Similar Ass	
3	Using the organization's acquisition, a collection items (check all that apply):					
а	☐ Public exhibition		d □ Loan	or exchange pro	grams	
b	☐ Scholarly research		e Othe			
С	☐ Preservation for future generations	;	-			
4	Provide a description of the organizat		and explain how t	hey further the or	ganization's exem	pt purpose in Par
	XIII.		•	,	J	
5	During the year, did the organization assets to be sold to raise funds rather					r □ Yes 🗹 No
Part			·			
	Complete if the organization 990, Part X, line 21.		' on Form 990, I	Part IV, line 9, o	r reported an am	ount on Form
1a	Is the organization an agent, trustee,	custodian or oth	er intermediary fo	or contributions of	or other assets no	t
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:		
	, .	•	J		Ar	nount
С	Beginning balance			1	С	
d	Additions during the year			1	d	
е	Distributions during the year			1	е	
f	Ending balance			1	f	
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line 21, for e	escrow or custodi	al account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanatio	n has been provid	ded on Part XIII .	\square
Par	t V Endowment Funds.					
	Complete if the organization		' on Form 990, I	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	31,349,298	34,775,987	34,943,005	33,602,436	30,264,091
b	Contributions	401,544	-455,291	231,026	181,515	3,811,101
С	Net investment earnings, gains, and					
	losses	1,940,720	-1,213,308	1,182,246	2,648,266	1,017,356
d	Grants or scholarships	0	0	(0	0
е	Other expenditures for facilities and					
	programs	1,719,789	1,503,873	1,291,716	1,294,860	1,253,510
f	Administrative expenses	236,210	254,217	288,574	194,352	236,602
g	End of year balance	31,735,563	31,349,298			33,602,436
2	Provide the estimated percentage of the	-	d balance (line 1g	g, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt ▶ <u>10</u>	<u>)</u> %			
b		<u>89</u> %				
С	Temporarily restricted endowment	1 %				
_	The percentages on lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	e possession of th	e organization th	at are held and a	dministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related or					3b
4	Describe in Part XIII the intended uses		n's endowment f	unds.		
Part	, , ,			5 1 10 7 12 - 4 4	0 5 000	D 137 11 40
	Complete if the organization					•
	Description of property	(a) Cost or oth	ent) (c	other)	Accumulated depreciation	(d) Book value
	Land		0	229,500		229,500
b	Buildings		0	5,472,471	2,810,153	2,662,318

0

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

330,513

1,125,974

1,458,094

c Leasehold improvements

258,688

208,952

159,321

71,825

917,022

1,298,773

	Complete if the organization answered "Yes" on Fo (a) Description of security or category	(b) Book value		ethod of valuation:
	(including name of security)	(S) DOOR Value		d-of-year market value
	derivatives			
•	neld equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		-		
(G)		-		
(G) (H)		-		
	"	-		
	b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments—Program Related.	000 Dovt IV I'm	11 - C Fau	- 000 Dort V line :
	Complete if the organization answered "Yes" on Fo		1	
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
)				
)				
)				
)				
)				
,)				
1				
)	h) must equal Form 990. Part X. col. (B) line 13.)			
e) t al. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
e) t al. (Column (Other Assets.	rm 000 Part IV lin	on 11d Son Form	n 000 Part V line
e) t al. (Column (Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
o) val. (Column (Part IX	Other Assets.	rm 990, Part IV, lin	ne 11d. See Form	n 990, Part X, line
o) al. (Column (Part IX)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
o) al. (Column (Part IX)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
3) 2) tal. (Column (Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
tal. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
al. (Column (Part IX)))	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
al. (Column (Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
) al. (Column (cart IX))))))	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
al. (Column (Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
al. (Column (rart IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	
) al. (Column (Part IX))))))))))	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description			
Part IX Part IX (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)	rm 990, Part IV, lin	ne 11d. See Forr	
2) 2) 2) 3) 4) 5) 6) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		•	(b) Book value
) cal. (Column (Part IX) c)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo		•	(b) Book value
) cal. (Column (Part IX) c)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25.		•	(b) Book value
al. (Column (Part IX))))))))) tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
al. (Column (lart IX	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25.		•	(b) Book value
) al. (Column (Part IX))))))) tal. (Column Part X) Federal in	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
) al. (Column (Part IX))))))) tal. (Colu Part X) Federal in)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
) al. (Column (Part IX))))))) tal. (Colu Part X) Federal in)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
) al. (Column (Part IX)))))))) tal. (Column (Part IX))))))))))))))))))	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
) al. (Column (Part IX) b) b) c) c) c) c) d) part IX) Federal ir c)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
) al. (Column (Part IX) b) b) c) c) c) c) d) part IX) Federal ir c)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
) Federal in (c)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
p) tal. (Column (Part IX Part IX B) b) b) otal. (Column (Column (Colum	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value
Part IX Par	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		•	(b) Book value

Schedule D (Form 990) 2015

Part	• • • • • • • • • • • • • • • • • • •		-	Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	25,332,305
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1		
a	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	1,435,523		
C .	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2 d	699,180		
e	Add lines 2a through 2d			2e 3	2,134,703
3	Subtract line 2e from line 1	i ·		3	23,197,602
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)		-637,681		
	Add lines 4a and 4b			4c	-637,681
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	22,559,921
Part				-	
· a.·	Complete if the organization answered "Yes" on Form 990,			. Hotan	••
1	Total expenses and losses per audited financial statements			1	24,476,457
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	24,470,437
a	Donated services and use of facilities	2a	1,435,523		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	858,070		
е	Add lines 2a through 2d			2e	2,293,593
3	Subtract line 2e from line 1	, .		3	22,182,864
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	22,182,864
Part	• •				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	-		iomation	
Sched	lule D, Part III, Line 1 - Paintings, sculptures, and rugs in the common areas a	Abrav	anel Hall.		
Sched	lule D, Part III, Line 4 - Paintings, sculptures, and rugs in the common areas a	Abrav	anel Hall.		
Sobod	Jule D. Part V. Line 4. LISSO uses 59/ of a 12 month quarterly average to help				
Sched	lule D, Part V, Line 4 - US&O uses 5% of a 12 month quarterly average to help	COMMI	oute to the program exp	ense or tr	ie organization.
Schod	lule D, Part XI, Line 2d - Interest and dividends on Endowment \$697,293; Reali	zod an	d uproalized gains/loss	oc \$1 060	
	butions to Endowment \$407,170; Contributions for future use \$4,544,825; Rel				
	\$3,047,136); Endowment Draws (\$1,590,169); Government grants for future us				
(\$2,61		Ο Ψ1,20	4,072, Release of prior	governing	an grants
XY-/Y-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Sched	lule D, Part XI, Line 4b - Costume/set rental expenses recognized as an offest	to rent	al revenues on tax retui	rn (\$375,6	 10);
	aising event expenses reported on 990 Part VIII Line 8b (\$262,070).				
	······································				
Sched	lule D, Part XII, Line 2d - Endowment Investment Expenses (\$205,469); Temp F	Restrict	ted Investment Expense	es (\$9,481)); Allowance
	d Debt (\$5,440); Costume/set rental expenses recognized as an offset to renta				
	ses reported on 990 Part VIII Line 8b (\$262,070).				
		·			

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

UTAH SYMPHONY & OPERA

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 51-0145980

Part	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization		through any	of the follo	_		
a	Mail solicitations				ion of non-govern	_	
b	Internet and email solicitation	ons	f L		ion of governmen		
С	☐ Phone solicitations		g ∟	Special	fundraising events	3	
d							
2a	Did the organization have a wri or key employees listed in Form	n 990, Part VII) o	r entity in co	onnection	with professional	fundraising services'	? 🗌 Yes 🗌 No
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) p	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				.			
3	List all states in which the organistration or licensing.	anization is regis	stered or lice	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

b If "Yes," explain:

		(Form 990 or 990-EZ) 2015				Page 2
Pa	rt II	Fundraising Events. Cor				
		than \$15,000 of fundraising gross receipts greater that		and gross income on	Form 990-EZ, lines 1 a	nd 6b. List events with
		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	
				(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			mphony's 75th Anniversa (event type)	(event type)	(total number)	col. (c))
<u>e</u>			(Ovoint type)	(overle type)	(total nambol)	
Revenue	1	Gross receipts	319,806			319,806
3ev	•	G. 666 (666) p. 6	317,000			317,000
_	2	Less: Contributions	196,968			196,968
	3	Gross income (line 1 minus				
		line 2)	122,838			122,838
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
S						
ıse	6	Rent/facility costs	16,908			16,908
per						
Ě	7	Food and beverages	87,035		0	87,035
Direct Expenses	•	Fotostolismont				
ā	8	Entertainment	145,721		0	145,721
	9	Other direct expenses .	12.40/			12.40/
	9	Other direct expenses .	12,406			12,406
	10	Direct expense summary. Ac	dd lines 4 through 9 in co	olumn (d)	▶	262,070
	11	Net income summary. Subtr			-	-139,232
Pa	rt III	Gaming. Complete if the				
		than \$15,000 on Form 9	90-EZ, line 6a.			
<u>le</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enr			(,, 3,	bingo/progressive bingo	(4, 4 4 54 5	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
	_					
enses	2	Cash prizes				
en	•	Name and anti-				
Direct Exp	3	Noncash prizes				
ct	4	Rent/facility costs				
)ire	4	herit/lacility costs				
	5	Other direct expenses .				
		Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	☐ No		
	_					
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)		
		,	•	. ,		
	8	Net gaming income summar	ry. Subtract line 7 from li	ne 1, column (d)		
9		nter the state(s) in which the o	-			
		the organization licensed to c	onduct gaming activities	in each of these states	s?	\square Yes \square No
	b If '	"No," explain:				
40		ere any of the organization's c	roming licenses *****	ouopondod or torres!:	tod during the towns	
10	a vvo	ere arry or the organization S (aariiig iicenses revoked	, suspended or termina	iteu during the lax year?	'. ☐ Yes ☐ No

Schedu	ule G (Form 990 or 990-EZ) 2015			Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	y	Yes	□ No
13	formed to administer charitable gaming?		Yes	∐ No
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	i		
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	_	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
Ū	in 1969, onto hame and address of the time party.			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year ▶ \$	r		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info instructions).			

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

UTAH SYMPHONY & OPERA

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection Employer identification number

51-0145980

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	✓ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	~	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	V	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations • Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
-	For powers listed on Form COO Dort VIII Coation A line 4 - 414 the approximation must be a			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			-
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III			_
	III WILIII	8		
Ω	If "Voc" to line 9 did the organization also follow the rebuttable presumption precedure described in			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
		. 3		i

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title			W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Ralph Matson, Concertmaster	(i)	161,260	0	0	11,383	24,933	197,576	0
1	(ii)	0	0	0	0	0	0	0
Llewellyn Humphreys, Musician	(i)	110,555	0	0	19,056	32,224	161,835	0
2	(ii)	0	0	0	0	0	0	0
David Green, Senior VP & COO	(i)	127,649	0	0	6,250	27,043	160,942	0
3	(ii)	0	0	0	0	0	0	0
Leslie Peterson, VP of	(i)	102,645	0	0	4,277	23,713	130,635	
Development 4	(ii)	0	0	0	0	0	0	
Steve Hogan, VP of Finance &	(i)	116,967	0	0	4,792	24,282	146,041	
CFO 5	(ii)	0	0	0	0	0	0	
Christopher McBeth, Opera	(i)	102,799	0	0	4,079	12,310	119,188	
Artistic Director	(ii)	0	0	0	0	0	0	
Paul Meecham, President & CEO	(i)	108,153	0	0	0	8,539	116,692	
7	(ii)	0	0	0	0	0	0	
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.
Schedule J, Part I, Line 1a - Flights for Thierry Fischer and spouse. Key Employees membership to Alta Club and Rotary Club.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38c, or 40b.

► Attach to Form 990 or Form 990-EZ.

schedule L (Form 990 or 990-EZ) and its instructions is at

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	mormation about	Scriedule L (For	111 990	OI 990-EZ)	and its inst	ructioi	<u>_</u>	yer idei			mber	ПОП	
UTAH SYMPHONY & OPER	2A									01459			
Part I Excess Bene	efit Transaction						01(c)(29) organiz 5a or 25b, or Fo		only)			40b.	
1 (a) Name of disqualified	Inerson	(b) Relationship be			person and		(c) Descriptio	n of trai	nsaction	า		(d) Corr	rected?
(a) Name of disquained	Person		organiz	ation			(c) Description	ii oi tiai	isaction	<u>'</u>		Yes	No
(1)													
(2)													
(3)													
(4)													
(5)												 	
(6)	-f + in	l levi #le e evere	-!#!-				: _ d		h				
2 Enter the amount under section 4958		-		_	=	-	iea persons au	_	ne ye				
									!	• \$			
3 Enter the amount of	or tax, ir arry, orr	ilile 2, above,	reimb	oursea by	r the organ	izatio	1		'	• \$			
Complete if the	d/or From Interne organization reported an amo	answered "Ye	s" on				e 38a or Form 99	90, Pa	ırt IV,	line 2	6; or i	f the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origii principal an		(f) Balance due	(g) In o	default?	by bo	proved pard or nittee?	(i) Wi agreei	
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)				+									-
(9)													
(10)						_	<u> </u> \$						
Part III Grants or As	sistance Beneration	fiting Interest	ed Pe	rsons.		• •							
(a) Name of interested person	n (b) Relations	ship between inter	ested			1	(d) Type of assistand	e	(e)) Purpo	se of a	ssistan	ce
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Ochicadic E (i t	5111 555 61 555 £2, 2515
Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered "Yes" on Form 990, Part IV,

Complete if the organization and	•	0, Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
(1) Bob Wheaton	Board Member	193,327	Venue rental	V	
(2) Tom Love	Board Member	412,235	Marketing and advertising		/
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information Provide additional information for	or responses to questions	on Schedule L (see	instructions).		

(0)					
(7)					
(8)					
(9)					
10)					
Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	instructions).	
Schedule L	, Part IV - Bob Wheaton is Presid	lent & General Manager of Dea	r Valley Resort where	e the Utah Symphony performs	our Deer
	ic Festival. Tom Love is the princ				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

UTAH	TAH SYMPHONY & OPERA				51-0145980				
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contamounts report Form 990, Part	orted on	Method o			
1 2 3 4	Art—Works of art								
5 6	Clothing and household goods								
7 8 9	Boats and planes Intellectual property Securities—Publicly traded		27		2 125 221	average betv	voon hi	ah/lo	
10 11	Securities—Closely held stock . Securities—Partnership, LLC, or trust interests		21		2,133,221	average betv	veenin	giiilo	w on
12 13	Securities – Miscellaneous Qualified conservation contribution – Historic structures								
14	Qualified conservation contribution—Other								
15 16	Real estate – Residential Real estate – Commercial								
17 18 19	Real estate—Other								
20 21 22	Drugs and medical supplies Taxidermy								
23 24	Scientific specimens Archeological artifacts								
25 26 27	Other ► () Other ► () Other ► ()								
28	Other ► (<u> </u>							
29	Number of Forms 8283 received which the organization completed	,	,			00			
	Willow the organization completed	1 1 01111 0200	, raitiv, bonee Auknowie	agomont		29	1,	Yes	No
30a	During the year, did the organizate 28, that it must hold for at least the to be used for exempt purposes to be used for exempt purposes.	rree years f	rom the date of the initial c	ontribution, and	which is n	ot required	30a		~
b 31	If "Yes," describe the arrangement Does the organization have a	t in Part II. gift accep		s the review o	of any no		31	~	
32a	Does the organization hire or use contributions?	•	ies or related organization		•		32a	,	
ь 33	If "Yes," describe in Part II. If the organization did not report at describe in Part II.	n amount in	column (c) for a type of pro	perty for which	column (a)	is checked,			

Schedule M (Form 990) (2015) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I, Line 32b - Stock brokers to sell donations.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number Name of the organization **UTAH SYMPHONY & OPERA** 51-0145980

Form 990, Part VI, Section A, Line 1a - In the absence of Board action or in the event that the Board is unable to take action on a particular matter, the Executive Committee shall have all of the powers and exercise all of the duties of the Board in managing the business of the Corporation. Any such action taken by the Executive Committee in the absence or inability of the Board to take action shall be considered for ratification by the Board at the next regular meeting or special meeting of the Board.

Form 990, Part VI, Section A, Line 2 - Our board is made up of community leaders and as such some business relationships exist and our conflict of interest policy and process adequately reveals and manages these so they are not conflicts for the organization.

Form 990, Part VI, Section A, Line 7a - The Corporation may have three or more appointed ex officio voting Trustees of the Board. These positions shall be comprised of the following: (i) one Ogden Opera Guild representative; (ii) one Utah Symphony Guild representative; (iii) one Ogden Symphony Ballet Association representative; and (iv) such representatives of auxiliary and advisory organizations and guilds as elected by their respective organizations and guilds. Two Musicians, as provided in the Collective Bargaining Agreement between the Corporation and American Federation of Musicians, Local 104, are voting Trustees of the Board.

Form 990, Part VI, Section B, Line 11b - Prepared by CFO, reviewed by Finance and Executive committees, posted to website for entire board review.

Form 990, Part VI, Section B, Line 12c - The values governing the affairs of Utah Symphony & Opera (US&O) are Excellence, Integrity, Trust, and Communication. Staff members are encouraged in their individual capacities to represent these values and to exemplify the highest standards of ethical behavior in all they do and say. They are thus encouraged to do their utmost to respect the rights and dignity of other persons; to be honest, accurate, and open-minded in the presentation of information and ideas; when accounting for US&O's assets or handling financial transactions; when soliciting contributions; when representing US&O before governmental leaders, charitable foundations, patrons, and donors; or when dealing with vendors, partners, lessees, and other parties. A conflict of interest is defined as any circumstance that would cast doubt on the ability of a member of the staff to act with total objectivity with regard to the US&O's best interest. No member shall use his or her position, or the knowledge gained from his or her position, or the knowledge gained from his or her position, in such a manner that a conflict arises between the interest of the organization and the staff members' personal interests. An actual or potential conflict of interest may occur when an employee is in a position to influence a decision that may result in personal gain for that employee or for a relative as a result of business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage. Utah Symphony & Opera relies on its employees to exercise their responsibilities to the organization in good faith. As a consequence of representing Utah Symphony & Opera, employees may be in a position to establish personal relationships with patrons and donors or obtain confidential information concerning them. Employees may not, directly or indirectly solicit or accept money, loans, expensive gifts, travel, extravagant entertainment, or preferential treatment from such individuals. Employees may not use any information obtained about patrons and donors to further their personal interests during their employment with US&O or after their termination with US&O. In addition to this, the materials, products, designs, plans, ideas, and data of US&O should never be given or sold to an outside agency, firm or person except through normal channels and with appropriate authorization. Any improper transfer of material or disclosure of information, even though it is not apparent that an employee has personally gained by such action, constitutes unacceptable conduct. Any employee who participates in such a practice will be subject to disciplinary action, up to and including possible discharge. Having a conflict of interest may not necessarily indicate a professional transaction cannot occur. However, it is the duty of each staff member to disclose annually any actual or possible conflicts of interest in writing to the Department Head. All disclosures may be communicated to the COO. The employee is expected to provide all material facts and personal interests that may be determined to present a conflict of interest before any discussion or negotiation of a transaction takes place. Immediately upon becoming aware of the possible conflict of interest, the Department Head will discuss the conflict with the COO to determine whether a particular conflict of interest is fair to the organization. The COO, and or Department Head will respond in writing to the employee within 30 days of disclosure. If agreement is not reached, the final determination will be made by the President/CEO.

Form 990, Part VI, Section B, Line 15 - League of American Orchestras Survey for salaries, Opera America, recruiting firm using comparable data, task force of board members as a search committee.

Form 990, Part VI, Section C, Line 19 - We post to our website, provide copies upon request as well as publishing board meeting schedules in the newspaper which allows interested persons to attend meetings and request information. Conflict of interest policy is distributed annually.

Supplemental Information (Continued)

Form 990, Part VIII, Line 3 - Endowment Draw - \$1,719,788; Interest/Dividends - \$8,017; Gain from Sale of Assets - \$1,941; Unrealized					
Gains/Losses -\$21,365; 5% Draw being Released from Board Rstr - (\$129,619); Interest/Dividends-Board Restr - \$69,745; Realized Gains/Losses-Board Restr - \$111,459					
Form 990, Part IX, Line 11g - Guest Artists \$1,870,436; Guest Conductors \$616,050; Travel \$173,249; Misc \$73,423					
Form 990, Part XI, Line 9 - Government grants for future period-temporary restricted - \$1,234,072; Government grants from prior period					
released to operations - (\$2,614,967); Contributions for future period-temporary restricted - \$4,544,825; Contributions from prior period released to operations - (\$2,647,136); Contributions to endowment-permanent restricted - \$7,170; Interest-temporary restricted - \$6,221;					
Interest-permanent restricted - \$136,204; Dividends-temporary restricted - \$24,952; Dividends-permanent restricted - \$529,916; Unrealized gains-temporary restricted - \$51,391; Unrealized gains-permanent restricted - \$1,077,244; Realized loss-temporary restricted - \$3,533);					
Realized gain-permanent restricted - (\$57,009); Draws from endowment-temporary restricted - (\$269,580); Draws from endowment-permanent restricted - (\$1,320,589); Management and general expenses-temporary restricted - (\$9,481); Management and					
general expenses-permanent restricted - (\$205,469); Allowance for bad debts-temporary restricted - (\$224); Allowance for bad debts-permanent restricted - (\$5,216)					

Schedule O, Statement 1 UTAH SYMPHONY & OPERA

Form: **990 (2015)** EIN: **51-0145980**

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

community service, innovative thinking, sound governance, and financial stability. We inspire to be known as a top orchestra and opera company, a renowned summer music festival, a destination for artists, an inspiration for audiences, and the beloved cultural treasure of our entire state and beyond.

Schedule O, Statement 2 UTAH SYMPHONY & OPERA

Form: 990 (2015) EIN: 51-0145980
Page: 2 Part III, Line 4a

First Program Service Accomplishments Description

Description

rehearsals, master classes, and other great learning events. The community at large is engaged regularly through various Outreach Programs. We present an annual performance for children with special needs and their families reaching nearly 400 families each year, an annual performance for the blind and visually impaired reaching an estimated 100 individuals, and a variety of musical events for members of our community who are Alzheimer's care recipients and caregivers in collaboration with the Utah Chapter of the Alzheimer's Association reaching over 300 people each year. Other services coordinated by our Education and Outreach Department include a variety of free lectures, internships, on-line learning courses, teacher re-licensure programs, and a Youth Symphony Festival. A stand-out among Utah Symphony | Utah Opera's projects in our local partnership with local museums, art galleries, libraries, film centers, performing arts groups, and scholars, the Festival provides our community opportunities to explore an artistic theme using all their senses. Additionally, through our volunteer network of over 600 individuals, the Utah Symphony Guild, Ogden Opera Guild, and Youth Guild reach over 500 citizens through their programs and events each year. Utah Symphony | Utah Opera is engaged in valuable cooperative relationships with many other non-profit organizations that serve a variety of purposes, including The Road Home, Utah School Boards, Ballet West, Madeleine Cathedral Choir School, Children's Dance Theatre and Utah Shakespeare Festival. It is also notable that, through a close relationship with the communities it serves, Utah Symphony | Utah Opera is able to reinvest into Utah's economy. *The organization employs over 450 individuals each year. *An estimated 93% of Utah Symphony | Utah Opera expenses are fed directly back into the local economy. *Economic development professionals concur that a vibrant symphony and opera are an important criteria in attracting new businesses and skilled professionals to Utah. *

Schedule O, Statement 3 UTAH SYMPHONY & OPERA

Form: 990 (2015) EIN: 51-0145980 Page: 2 Part III, Line 4b

Second Program Service Accomplishments Description

Description

combines all aspects of both symphonic and operatic art forms. Production needs for performances at Abravanel Hall, the Capitol Theatre, and even the Deer Valley Music Festival can be designed and built with the resources found in this building. This has resulted in valuable cost savings and artistic synergy for the organization and the community. Utah Symphony | Utah Opera reaches over 349,000 people every year through live performances.

Schedule O, Statement 4 UTAH SYMPHONY & OPERA

Form: 990 (2015)

EIN: **51-0145980**

Page: 2 Part III, Line 4d

Other Program	Services A	Accompli	shments
---------------	------------	----------	---------

Activity	Description	Expense	Grants	Revenue
Code				
	Depreciation of Set Equipment - \$101,154; Marketing - \$894,593; Box Office - \$245,793;	1,423,198		246,082
	Education Salaries - \$181,658.			
Total:		1,423,198	0	246,082

Schedule O, Statement 5 UTAH SYMPHONY & OPERA

Form: **990 (2015)** EIN: **51-0145980**

Page: 5 Part V, Line 4b

Name Of Foreign Country

Name

Canada

Germany

Japan

Netherlands

Spain

Switzerland

United Kingdom (England, Northern Ireland, Scotland, and Wales)