

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form **990**

## **Return of Organization Exempt From Income Tax**

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>A</u>	For the 2	011 calend	dar year, or tax year begir	nning	, 2011,	and ending				·	
В	Check if app	licable	С	-				D Employ	er Identi	fication Number	
	X Addres	s change	UTAH WORLD TRADE	E CENTER				20-	-3755734		
	Name o		60 EAST SOUTH TE		00			E Telepho	ne numb	per	
	Initial r	-	SALT LAKE CITY,	UT 84111				801	-532	-8080	
	Termin										
	H							C 0		e 5 <i>1</i>	9,079.
	$\vdash$	ed return					d(a) la thus	G Gross re			
	Applica	ation pending	F Name and address of principal	al officer				a group retur affiliates incl		<b>≓</b> "	s X No
			Same As C Above					attach a list		tructions)	s No
<u> </u>	Tax-exem	pt status	501(c)(3) X 501(c) (	6 ) ◀ (insert no)	4947(a)(1) or	527					
J	<u>We</u> bsit	e: ► WW	w.wtcut.com				(c) Group	exemption nu	ımber 🏲		
ĸ	Form of o	rganization	X Corporation Trust	Association Other	LY	ear of Formation	on 200!	5 M s	State of le	egal domicile U	JΤ
Pa	irt I	Summar									
			be the organization's miss	sion or most significant	activities. To	establ	ish a	nd adm	inis	ter	<del></del>
•			es, programs and								
ĕ	1	terest		F 7 X 42 7 X 42 - 7 4" 7	T.W. 24 X X	~~~~~	5.5°+ 73.85 /	C-7 67-0-			
Activities & Governance		Teres	·								
Š	2 Che	eck this bo	x ► if the organization	on discontinued its one	rations or disno	nsed of mor	e than 2	5% of its	net as	 sets	
ŏ			ting members of the gove			)3CG 01 11101	C than 2	5 70 O1 113	1 3 1	3013	18
ಳ			dependent voting member			1b)			4		14
Ë			of individuals employed i		-				5		3
₹			of volunteers (estimate if	-	, art 1, 1110 2a)				6		14
Ac			ed business revenue from	· ·	line 12				7a	•	0.
			business taxable income						7b		0.
		· uninciated	Dudinicus taxabic income	1 1 0 1 1 1 3 3 0 1 7 1 1 1 1 1	<u></u>		Г	rior Year	<del></del>	Current	
	8 Co	ntributions	and grants (Part VIII, line	a 1h)			<del></del>	579,7	41		8,157.
e,	L.		rice revenue (Part VIII, line				<b>——</b>	313,1	<del></del> +		0,131.
Ē							<u> </u>	1,0	110		830.
Revenue	1		come (Part VIII, column (					1,0	110.		
ш.			e (Part VIII, column (A), I			10)		F00 7		F 4	92.
			- add lines 8 through 11		<del>- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>	ne 12)	<del>                                      </del>	580,7	21.	54	9,079.
			milar amounts paid (Part		3)/70						
		nefits paid									
_	15 Sal	laries, othe	er compensation, employe	5-10)		309,7	<u>'11.  </u>	34	<u>3,222.</u>		
Expenses	16a Pro	fessional	fundraising fees (Part IX,	column (A) Nine 11e).	原 原						
ĕ	1		sing expenses (Part IX, co	1 1 1 "		0,289.					
ᄶ						0,209.	<del></del>	07.5	- 00	1.0	0.010
			es (Part IX, column (A), I		1			87,5			2,013.
	1		es. Add lines 13-17 (must		(A), line 25)			397,2	$\overline{}$		<u>5,235.</u>
	19 Re	venue less	expenses Subtract line	18 from line 12			<u> </u>	183,5	532.	4	3,844.
8							Beginnir	ng of Currer		End of	
şë	<b>20</b> Tot	al assets	(Part X, line 16).					591,2			1,060.
\$ B	21 Tot	al liabilitie	s (Part X, line 26)					46,9	950.	1	2,874.
Not Assets Fund Baland	22 Ne	t assets or	fund balances Subtract	line 21 from line 20				544,3	342	58	8,186.
		Signatur					Щ				
				atura includina accompanius	ashadulas and state	mante and to t	ha hast of r	nı kasıılada	and hal	hat it is true son	root and
con	nplete Decla	ration of prep	eclare that I have examined this re arer (other than officer) is based o	n all information of which prep	arer has any knowle	edge	ne best of t	ily kilowicagi	e and bei	ner, it is true, cor	eci, and
			WW. Craw	<del> </del>				Ma	4 1	31.7	
Sig	an	Signatu	re of officer				Da	ite	11-6	2012	
He	yıı Ye	TEW	W CRAMER				CEO	_			
110			print name and title	·			CEO			<del></del>	
			<u> </u>	Ta		In			<del></del>	PTIN	
		1	oreparer's name	Preparer's signature	1//	Date		Check _	_  #		
Pa	id	BART T		BART T. WEED	KX	5/3/2	012	self-employ	ed	P0029046	<u> </u>
Pr	eparer	Firm's name	Simpson & Co	mpany		,					
∂Us	e Only	Firm's addre		rd Road, Suite	: 112			Firm's EIN	▶ 87	-0440711	
	-			ty, UT 84106				Phone no	(80:		
Ma	v the IRS	discuss th	is return with the prepare		nstructions)				, , , , , ,	X Yes	No
			leduction Act Notice, see			TEE	A0113L 08	/18/11		<del></del>	<b>990</b> (2011)
	vi r'a	POINTOINE	ACL HULLE, SEE	THE SEPARAGE HISHMULL	J113.	166/	חטווטג עס	# 1 <b>Q</b> / 1 1		1 01111	U (2011)

20-3755734

Page 2

			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		<b>X</b> _
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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? If 'Yes,' complete Schedule C, Part II	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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
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	Christian (C.)	X
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			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
١	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	11 b		Х
•	c 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	11 c		Х
(	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	11 d	<del></del>	
(	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	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, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	X
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15_		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		x
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

Form 990 (2011) UTAH WORLD TRADE CENTER

Part IV | Checklist of Required Schedules (continued)

			tes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u> _
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? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	a Section 501(c)(3) and 501(c)(4) 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		
t	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
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		X
	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).			<u> </u>
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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_		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		х
3AA	·	Form	1 <b>990</b>	(2011)

	Check if Schedule O contains a response to any question in this Part V			
•		$\Box$	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	l		ĺ
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			<u> </u>
·	(gambling) winnings to prize winners?	1 c		Ĺ
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return  2a  3			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		<b> </b>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	х
b	If 'Yes,' enter the name of the foreign country. >		•	2
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	_5c		<b></b> -
6 a	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?	6 a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		Ĺ
7	Organizations that may receive deductible contributions under section 170(c).	1		ĺ
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		
b	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		<u> </u>
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			l
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	iff the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	L	L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	 8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ŀ	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	ı		
	Enter the amount of reserves on hand			<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	l	I

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  $\overline{\mathbf{X}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 18 1a 1a Enter the number of voting members of the governing body at the end of the tax year 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. **b** Enter the number of voting members included in line 1a, above, who are independent 14 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed?. 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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.) No Yes 10 a Х 10a Did the organization have local chapters, branches, or affiliates? b 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 Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12<sub>b</sub> to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 Х X 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 Х 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? Х a The organization's CEO, Executive Director, or top management official 15 a Х 15b **b** Other officers of key employees of the organization 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 with a Х taxable entity during the year? 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 taken steps to safeguard the 161 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► LEW W CRAMER 175 EAST 400 SOUTH SALT LAKE CITY UT 84111 801-532-8080

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

Check if Schedule O contains a response to any question 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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 heither the organization	T TIOT ATTY	Telate	u oi			011 00	пре	Insaled any current o	Theer, uncereit, or trus	
(4)	(B)	(C) Position				(D)	(E)	(F)		
(A) (B) Name and title hours			(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe		9 2 2 2 3 3 4			7	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the	
	hours for related organiza-	direc	Officer Officer Institut Individ or dire		y en	ghest	Former			organization and related organizations
	tions in Schedule	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	O)	ıstee	truste		ж	pens				
		<u></u>	Ä			ated				
(1) A SCOTT ANDERSON	_								_	
Director	0	X						0.	0.	0.
(2) LANE BEATTIE										
<u> Director</u>	0	X						0.	0.	0.
(3) H DAVID BURTON	]									
<u> Director</u>	0	X						0.	0.	0.
(4) DAVID CLARK	<u> </u>									
Director	0	X					_	0.	0.	0.
(5) GREG MILLER	_	ļ					ł		ļ	
<u>Director</u>	0	X						0.	0.	0.
(6) BRYAN DAVIS	}									
Director	0	X						0.	0.	0.
(7) NATALIE GOCHNOUR										
<u>Director</u>	0	X	L					0.	0.	0.
(8) ALAN HALL										
<u>Director</u>	0	X			<u> </u>		L_	0.	0.	0.
(9) DINESH PATEL	]						1			
Director	0	Х						0.	0.	0.
(10) GARY CRITTENDEN	]									
Director	0	<u> </u>	L		_			0.	0.	0.
(11) PAUL SAVAGE							ĺ		:	
Director	0	X				<u> </u>		0.	0.	0.
(12) MARK GARFIELD										
Director	0	X	<u> </u>		į			0.	0.	0.
(13) SPENCER P ECCLES	]				1		1			_
Director	0	X	ļ	L	L.	<u> </u>	$oxed{oxed}$	0.	0.	0.
(14) RICHARD NELSON	1									_
Director	0	Х	<u> </u>	L	<u> </u>			0.	0.	0.

Form 990 (2011) UTAH WORLD TRADE CENTER									20-375573			age 8
Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)												
(A) Name and title	(B) Average hours per	box offic	not c , unle	Pos heck ss pe	rson Irrecto	s botl r/trus	h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W 2/1099-MISC)	amo con	(F) stimated unt of ol opensati	ther ion
	per week (describ e hours for related organi- zations in		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC)	(W 21099-MISC)	org	rom the ganization nd relate anizatio	on ed
	Sch O)	_				8.						
(15) DEAN LUIKART Director	0	x						0.	0.			0.
(16) LADD CHRISTENSEN Director	0	х						0.	0.			0.
(17) MICHAEL G WADDOUPS												
Director (18) LEW W CRAMER	0	X		<u> </u>	_	<u> </u>		0.	0.			0.
CEO (19)	40			X				164,500.	0.			0.
		_										
(20)		<u> </u>										
(21)												
(22)												
(23)											<u>.</u>	
(24)												
(25)												
1 b Sub-total					٠.		<u></u>	164,500.	0.			0.
c Total from continuation sheets to Part VII, Section	A						<b>&gt;</b>	0.	0.	ļ		0.
d Total (add lines 1b and 1c)	-1 4 - 41-		1			·	<u> </u>	164,500.	0.			0.
2 Total number of individuals (including but not limite from the organization ► 1	a to the	ose	iiste	u au	ove	) WN	o re	ceived more than	\$100,000 of report	able co	mpens	sation
3 Did the organization list any former officer, director	or trus	tee:	kov	em	nlov	-00	or h	unhest compensat	ed employee		Yes	No
on line 1a? If 'Yes,' compléte Schedule J for such i	ndıvıdu	al .	ĺ		. ,	,			. ,	3	<del> </del>	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portab han \$1	le co 50,0	mpe 100?	ensa If "	ition Yes'	con	l oth iplei	ner compensation te Schedule J for	from	4	X	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompen	satio	on fr	om	any I fo	unre	elate	ed organization or	ındıvıdual	5		х
Section B. Independent Contractors	,5.0		0,,,0		-		<u></u>					<u></u>
Complete this table for your five highest compensal compensation from the organization. Report compe	led indensation	eper	nden the	t co cale	ntra enda	ctors	s tha ar e	at received more tending with or with	han \$100,000 of in the organization	s tax y	ear	
(A) Name and business addres	s							(B Description	) of services	Comp	C) ensati	on
								_				
	<del>.</del>											
2 Total number of independent contractors (including	but no	t lim	uted	to t	hos	e list	ted :	above) who receiv	ed more than			
\$100,000 in compensation from the organization						J 113		223707 100011				

Par	t VIII Statement of Revenue				<u> </u>	<del></del>
	The second		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>		. , (		revenue		512, 513, or 514
2 %	1 a Federated campaigns	1a		,		
MAN S	<b>b</b> Membership dues	1b 104,632.				]
35.0	c Fundraising events	1c				
Ä, Ä	d Related organizations	1d				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	e Government grants (contributions)	1e 443,525.				
5 2	f All other contributions oifts grants and					
題	f All other contributions, gifts, grants, and similar amounts not included above					
ξě	g Noncash contributions included in Ins 1a-	1f: \$				
8₹	h Total. Add lines 1a-1f	<u> </u>	548,157.			
PROGRAM SERVICE REVENUE		Business Code				
<u> </u>	2a				<u> </u>	
2	b				<del></del>	
€	c		·	_		
SE	d				-	
₩.	e					<del></del>
5	f All other program service revenu					<del> </del>
	g Total. Add lines 2a-2f	•				1
	3 Investment income (including divother similar amounts)	vidends, interest and	830.	830.		
	4 Income from investment of tax-e	vomnt bond proceeds	030.	050.		<del></del>
		xempt bond proceeds				
	5 Royalties	eal (II) Personal				
	6a Gross rents	(.,, , , , , , , , , , , , , , , , , , ,				
	<b>b</b> Less rental expenses					
	c Rental income or (loss)					
- 1	d Net rental income or (loss)	<u> </u>				
	7a Gross amount from sales of (i) Secu	urities (ii) Other				
	assets other than inventory					
	<b>b</b> Less cost or other basis					ļ
	and sales expenses					Ì
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising e	events				\$
불	(not including \$					
₽	of contributions reported on line	1c).				
e l	See Part IV, line 18	a				
OTHER REVEN	<b>b</b> Less: direct expenses	b				ļ
	c Net income or (loss) from fundra	aising events				<del>                                     </del>
	9a Gross income from gaming active See Part IV, line 19 .	rities				
				,		
	b Less direct expenses	b b				ļ
	c Net income or (loss) from gamin	ig activities				<del> </del>
	10 a Gross sales of inventory, less re and allowances	turns a				
	<b>b</b> Less cost of goods sold	b				
	c Net income or (loss) from sales	~				
	Miscellaneous Revenue	Business Code				1
	11a Other Income		92.	92.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d .	<b>•</b>	92.			
	12 Total revenue. See instructions	▶	549,079.	922.	0.	0.

#### 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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	164,500.	164,500.	0.	0.
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	Other salaries and wages	157,045.	45,958.	80,187.	30,900.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes	21,677.	13,529.	6,630.	1,518.
11	Fees for services (non-employees)				
	a Management				
	<b>b</b> Legal	2,881.		2,881.	
	c Accounting	8,863.	<u> </u>	8,863.	
	<b>d</b> Lobbying				
	e Professional fundraising services. See Part IV, line 17				<del> </del>
	f Investment management fees				
	<b>g</b> Other				<del>_</del>
12	Advertising and promotion	31,822.	30,959.	863.	
13	Office expenses	2,237.	87.	2,049.	101.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	19,853.	12,502.	3,882.	3,469.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,509.		2,509.	
	Insurance	1,723.		1,723.	
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.)				
	a Seminar Costs	32,495.	27,495.		5,000.
	b Rent	21,098.	7,003.	7,006.	7,089.
	c Membership Fees	10,000.		10,000:	
	d Dues & Subscriptions	9,188.	2,615.	6,573.	
	e All other expenses	19,344.	6,010.	11,122.	2,212.
25	Total functional expenses Add lines 1 through 24e	505,235.	310,658.	144,288.	50,289.
26	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				
	SOP 98-2 (ASC 958-720)				
		<u> </u>		<u>L</u>	Form <b>990</b> (2011)

Part X Balance Sheet (A) Beginning of year (B) End of year 10,400. 895 1 Cash - non-interest-bearing 385, 346 2 375,495. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 2,475 600 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 861 9 4 901 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D . 10 a 13,836 3,689 10,147 3,590 **b** Less: accumulated depreciation 10b 10 c 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 200,000 15 204,100. 15 Other assets See Part IV, line 11 591,292 601,060. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 325 17 11,792 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 46,625 25 1,082. 12,874. Total liabilities. Add lines 17 through 25 46,950 26 X and complete lines Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34. 544,342 588,186. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets . Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 544,342 33 588,186 591,292 34 601,060 34 Total liabilities and net assets/fund balances Form 990 (2011) BAA

Forr	n 990 (2011) UTAH WORLD TRADE CENTER	20-3755734		Pa	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response to any question in this Part XI						
•		1 1	_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		49,0 05,2	<u>)79.</u>		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1	3		43,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	44,3	<u>342.</u>		
5	Other changes in net assets or fund balances (explain in Schedule O).	5			0.		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5	88,1	L86 <u>.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				$\Box$		
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		.	:			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			,	-		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ_		
1	b Were the organization's financial statements audited by an independent accountant?		2b	Х			
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$		,	,			
(	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	s issued on a		gir Gr	; - •		
	Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	За	Х			
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3ь	x			

Form **990** (2011)

BAA

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions. Inspection

Employer identification number

UTA	AH WORLD TRADE CENTER		20-3755734
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Simila	r Funds or Accounts. Complete if
	the organization answered 'Yes' t	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts
-	Tatal averbas at and of year	(a) Donor advised funds	(b) Fullus and other accounts
1	Total number at end of year  Aggregate contributions to (during year)		<del></del>
2			
3	Aggregate grants from (during year) Aggregate value at end of year.	<del></del>	· · · · · · · · · · · · · · · · · · ·
~	55 5		
5	Did the organization inform all donors and doi funds are the organization's property, subject	to the organization's exclusive legal cont	trol? Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	the benefit of the donor or donor advisor efit?	, or for any other Yes No
Par	t II Conservation Easements. Comp	ete if the organization answered	'Yes' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., i	recreation or education) Preserv	ation of an historically important land area
	Protection of natural habitat	Preserv	ration of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribu	tion in the form of a conservation easement on the
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation ease	ments	2b
C	: Number of conservation easements on a certi	fied historic structure included in (a)	2c
d	Number of conservation easements included structure listed in the National Register	n (c) acquired after 8/17/06, and not on a	a historic 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or te	erminated by the organization during the
4	Number of states where property subject to co	onservation easement is located >	
5	Does the organization have a written policy reand enforcement of the conservation easeme	garding the periodic monitoring, inspectints it holds?	on, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	s of section Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and to the organization's financial statements	d expense statement, and balance sheet, and s that describes the organization's accounting for
Par	Till Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical Treasure wered 'Yes' to Form 990, Part IV	es, or Other Similar Assets. , line 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or	ts revenue statement and balance sheet works of r research in furtherance of public service, provide, ms
t	<ul> <li>If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items</li> </ul>	er SFAS 116 (ASC 958), to report in its re- eld for public exhibition, education, or res	evenue statement and balance sheet works of art, earch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	. <b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar a 116 (ASC 958) relating to these items.	assets for financial gain, provide the following
ā	Revenues included in Form 990, Part VIII, lin	e 1	<b> </b>
t	Assets included in Form 990, Part X	••	. ▶\$

Schedule D (Form 990) 2011 UTAH Part III   Organizations Mainta		ADE CENTER	orical Transuras, o	20-375				
3 Using the organization's acquisiting items (check all that apply)	on, accession	, and other records, ch	eck any of the following	that are a significant i	use of its collection			
a Public exhibition		<b>d</b> Loan	or exchange programs					
<b>b</b> Scholarly research		e Other						
c Preservation for future gener	ations	_						
4 Provide a description of the orga Part XIV		ections and explain ho	w they further the organ	nization's exempt purpo	se in			
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive donations of ar be maintained as part	rt, historical treasures, of the organization's co	or other similar illection?	Yes No			
Part IV Escrow and Custodia line 9, or reported an	l Arrangen	ents. Complete if	the organization ar	swered 'Yes' to Fo	rm 990, Part IV,			
1 a is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or other intermediary	y for contributions or ot	her assets not	Yes No			
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	nd complete the follow	ing table:					
					Amount			
c Beginning balance			•	1c				
<b>d</b> Additions during the year			•	_1d	<u></u>			
e Distributions during the year .				1e				
f Ending balance.				1f	<del></del>			
2a Did the organization include an a	imount on Foi	m 990, Part X, line 21	7		Yes No			
<b>b</b> If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co	mplete if t	he organization an	swered 'Yes' to For	<u>m 990, Part IV, lin</u>	<u>e 10</u>			
	(a) Current	year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back			
1 a Beginning of year balance.					<u> </u>			
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
<ul> <li>Other expenditures for facilities and programs</li> </ul>					<b>多种型质</b>			
f Administrative expenses								
<b>g</b> End of year balance					7,1			
2 Provide the estimated percentag	e of the curre	nt year end balance (lii	ne 1g, column (a)) held	as				
a Board designated or quasi-endov	vment ►							
<b>b</b> Permanent endowment ►	%							
c Temporarily restricted endowmen	nt ►	%						
The percentages in lines 2a, 2b,	and 2c should	d equal 100%						
3a Are there endowment funds not organization by	in the posses	sion of the organization	that are held and adm	inistered for the	Yes No			
(i) unrelated organizations				•	3a(i)			
(ii) related organizations					3a(ii)			
<b>b</b> If 'Yes' to 3a(ıı), are the related	<b>b</b> If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?							
4 Describe in Part XIV the intende	d uses of the	organization's endowm	ent funds					
Part:VI Land, Buildings, and	Equipment	. See Form 990, P	art X, line 10.					
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1 a Land								
L. D I down a		i e	i	i	1			

Part:VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (b) Cost or other basis (other)

1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

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

(c) Accumulated depreciation

(d) Book value

13, 836.

10, 147.
3, 689.

BAA

Schedule **D** (Form 990) 2011

Part VII. Investments - Other Securities. See		line 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: ket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
<u>(A)</u>			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)			
Part VIII Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	(ion:
		Cost or end-of-year mar	ket value
(1)			
(2)	<del></del>		
(3)			
(4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)	· ·		
(8)	<del> </del>		
(9)			
(10)			<del> </del>
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	1,5	<u>'</u>	
Part IX Other Assets. See Form 990, Part X, I			
	scription		(b) Book value
(1) Web Site			4,100.
(2) World Trade Center Membership	<del></del>		200,000.
(3)		· · · · · · · · · · · · · · · · · · ·	
(4)			
(5)			<del></del>
(6)			
(7)			
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	·
(10)			004 100
Total. (Column (b) must equal Form 990, Part X, column (b)		<b>&gt;</b>	204,100.
Part X Other Liabilities. See Form 990, Part X		···	<del></del>
(a) Description of liability	(b) Book value	<u>!</u>	
(1) Federal income taxes	1 0		
(2) Accrued Liability	1,08	<u>32.</u>	
(3)			
(4)		<b>─</b> -	
(5)			
(6)		<del> </del>	
(7)	<del>                                     </del>	<del> </del>	
(8)	<del> </del> -	<del> </del>	1
(9)	<del>                                     </del>	<del> </del>	
(10)	-	<del> </del>	
(11)		<del></del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 1,08	8Z.	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 UTAH WORLD TRADE CEI		20-3/33/34 Page 4
Part XI Reconciliation of Change in Net Assets from Form	n 990 to Audited Financial Statements	N/A
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line	1 .	·
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV )		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial state	ements. Combine lines 3 and 9	
Part XIII Reconciliation of Revenue per Audited	Financial Statements With Revenue	e per Return N/A
Total revenue, gains, and other support per audited final		1
2 Amounts included on line 1 but not on Form 990, Part V		3032
	2a	
a Net unrealized gains on investments	2b	
b Donated services and use of facilities	2c	
c Recoveries of prior year grants		
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	•	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but no		
a Investment expenses not included on Form 990, Part VII		
<b>b</b> Other (Describe in Part XIV )	4b	
c Add lines 4a and 4b.	•	4c
5 Total revenue Add lines 3 and 4c. (This must equal For		5
Part XIII Reconciliation of Expenses per Audited		ses per Return N/A
<ol> <li>Total expenses and losses per audited financial stateme</li> </ol>	nts	1
2 Amounts included on line 1 but not on Form 990, Part IX	(, line 25	
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2 b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not	on line 1:	
a Investment expenses not included on Form 990, Part VI	II, line 7b <b>4a</b>	
<b>b</b> Other (Describe in Part XIV.)	. 4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal F	orm 990, Part I, line 18)	] 5
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Par Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d any additional information.	and 4b; and Part XIII, lines 2d and 4b Also	complete this part to provide
BAA	TEEA3304L 05/25/11	Schedule <b>D</b> (Form 990) 2011

Schedule <b>D</b> (Form 990) 2011 UTAH WORLD TRADE CENTER	20-3755734	Page <b>5</b>
PartiXIVI Supplemental Information (continued)		<del></del>
		<b>-</b>
<del>-</del>		
		<b></b>

#### SCHEDULE J (Form 990)

# **Compensation Information**

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UTAH WORLD TRADE CENTER

Employer identification number 20-3755734

Par	t I Questions Regarding Compensation			,
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	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)			,
			1	
t	olf 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	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
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. Explain in Part III		-	
	Compensation committee Written employment contract		. ,	
	Independent compensation consultant Compensation survey or study		:	
	Form 990 of other organizations  Approval by the board or compensation committee	'	,-	:
			-,	
	During the year did any person listed in Form 000. Best VIII. Section A line 1e with respect to the filing exception	-	,	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.			
á	Receive a severance payment or change-of-control payment?	4a		X
ı	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
(	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
	a The organization?	5a		
ı	h Any related organization?	5 b		
	If 'Yes' to line 5a or 5b, describe in Part III		-	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		,	
	a The organization?	6a		
	b Any related organization?	6 b		
	If 'Yes' to line 6a or 6b, describe in Part III		ļ	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		
			İ	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8	<u> </u>	<u> </u>
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Page 2

20-3755734

UTAH WORLD TRADE CENTER

Schedule J (Form 990) 2011 UTAH WORLD TRADE CENTER 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 in 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 columns (D) and (E) amounts for that individual.

	-	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MIS	-MISC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name	1 .	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)·(D)	reported as deferred in prior Form 990
LEW W CRAMER	Θ	164,500.	0			0.	164,500.	0.
-	<u>.</u>	0   0   0   0   0   0   0   0   0   0	         			0	0.	
	Θ			1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	<b>(E)</b>							
	Θ	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	1 1 1 1		1 1 1 1 1 1 1 1 1	,           
8	<u>(i)</u>							
	Θ	             	1             	i 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	(ii)							
	(ω		                 	             	           	 	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	(ii) [					i i 		
	_ (ω)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	         		
9	(ii)							
	(j)							,           
7	(ii)	'						
	ω			 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8	(ii)							
	ω							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	(ii)							
	-]ω			1 1 1	             	           	! ! ! ! !	
10	(ii)							
	_]())			 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	             	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11	(ii)							
	Θ	             		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	             		1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12	<u>(ii)</u>							
	€	             	             	             	           	1 1 1	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13	(ii)							
	Θ			; ; ; ; ;	             	           	           	             
14	(ii)							
	Θ.	                 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1	           	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15	(i)							
	i	             	1 1 1 1 1 1	         	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16	<u>(i)</u>							
ВАА				TEEA4102L 01	01/24/12		Scher	Schedule J (Form 990) 2011

BAA

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

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

Name of the organization	Employer identification number
UTAH WORLD TRADE CENTER	20-3755734
Form 990, Part VI, Line 11b - Form 990 Review Process	
No_review was or will be conducted.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
No documents available to the public.	