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# Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Öpen to Public Inspection

|                   |                 |                        |   |                |                         | <del></del>                   |                       |
|-------------------|-----------------|------------------------|---|----------------|-------------------------|-------------------------------|-----------------------|
| Α                 | For t           | he 2015 calen          | dar year, or tax year beginning , 2015, and endir   | ng             |                         |                               |                       |
| В                 | Check           | if applicable          | C   |                | D Employe               | r identification              | number                |
|                   | A               | ddress change          | UTAH WORLD TRADE CENTER   |                | 20-3                    | 755734                        |                       |
|                   | N.              | ame change             | 60 EAST SOUTH TEMPLE, SUITE 300   | •              | E Telephor              | ne number                     |                       |
|                   | $\Box_{\rm ln}$ | itial return           | SALT LAKE CITY, UT 84111  |                | 801-                    | 532-808                       | 30                    |
|                   | $\vdash$        | nal return/terminated  |   |                |                         |                               |                       |
|                   | <b>├</b> ─┤     | mended return          |   |                | G Gross re              | counts Š                      | 992,517.              |
|                   | $\vdash$        |                        | F Name and address of principal officer   | H(a) Is this   |                         | for subordinate               |                       |
|                   | LJA             | pplication pending     |   | 1 ''           | • .                     |                               | 163 [160              |
| _                 |                 | <del></del>            | Same As C Above   | If 'No,        | attach a list (         | included?<br>see instruction: | s) Lites Line         |
| 1                 |                 | exempt status          | 501(c)(3)   X 501(c) ( 6 ) ( insert no )   4947(a)(1) or   527  |                |                         |                               |                       |
| <u>1</u>          | We              | bsite: ► ww            | w.wtcut.com   |                | exemption nur           |                               |                       |
| K                 |                 | n of organization      | X Corporation   | ion 200!       | 5 <b>M</b> St           | ate of legal dor              | micile UT             |
| Pa                | art I           | Summar                 | у   |                |                         |                               |                       |
|                   | 1               |                        | be the organization's mission or most significant activities To estab   |                |                         |                               |                       |
| a                 |                 | activiti               | es, programs and services to enhance Utah's in  | <u>nternat</u> | ional 1                 | <u>busines</u>                | <u>s</u>              |
| <b>Governance</b> |                 | interest               | s   |                |                         |                               |                       |
| ΩË                |                 |                        |   |                |                         |                               |                       |
| VICANNED (        | 2               | Check this bo          |   | ore than 2     | 5% of its r             | et assets                     |                       |
| ZÖ                | 3               |                        | oting members of the governing body (Part VI, line 1a)  |                |                         | 3                             | 11                    |
| ೱಌ                | 4               |                        | dependent voting members of the governing body (Part VI, line 1b)   |                | -                       | 4                             | 10                    |
|                   | 5               |                        | of individuals employed in calendar year 2015 (Part V, line 2a)   |                | -                       | 5                             | 10                    |
| Activities &      | 6               |                        | of volunteers (estimate if necessary)   |                | -                       | 6                             | 0                     |
| <b>≡</b> ₹        |                 |                        | ed business revenue from Part VIII, column (C), line 12   |                | -                       | 7a                            | 0.                    |
| =_                | <u>D</u>        | Net unrelated          | business taxable income from Form 990-T, line 34  |                | )                       |                               | 0.                    |
| 83                |                 | 0                      | and avents (Dest VIII) line 16)   |                | rior Year               |                               | urrent Year           |
| 9107 8<br>Revenue | 8               |                        | s and grants (Part VIII, line 1h)   |                | 816,79                  | 94.                           | 991,597.              |
| 溪                 | 9               | -                      | vice revenue (Part VIII, line 2g)   |                |                         | <del></del>                   | 210                   |
| $\equiv$          | 10              |                        | ncome (Part VIII, column (A), lines 3, 4, and 7d)   |                |                         | 75.                           | 319.                  |
| .— [              | 11              |                        | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                |                         | 92.                           | 601.                  |
|                   | 12              |                        | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                | 818,3                   | 01.                           | 992,517.              |
|                   | 13              |                        | imilar amounts paid (Part IX, column (A), lines 1-3)  | ļ              |                         | <del> </del>                  |                       |
|                   | 14              | · ·                    | I to or for members (Part IX, column (A), line 4)   |                |                         |                               |                       |
| S                 | 15              |                        | er compensation, employee benefits (Part IX, column (A), lines 5-10)  | ļ. <u>.</u>    | 389,9                   | 30.                           | 624,608.              |
| Se                | 16 a            | Professional           | fundraising fees (Part IX, column (A), line 11e)  |                |                         |                               |                       |
| Expenses          | . Н             | Total fundrai          | sing expenses (Part IX, column (D), line 25) ► 2,212.   |                |                         |                               |                       |
| Ä                 | 17              |                        | ses (Part IX, column (A), lines 11a-11d-11f-24e)  |                | 226,12                  | 25                            | 363,251.              |
|                   | 18              | Total expens           | es Add lines 13-17 (must equal Part IX Column (A) Time 25)  | <u> </u>       | 616,10                  |                               | 987,859.              |
|                   | 19              | Pevenue les            | s expenses Subtract line 18 from line 12  |                | 202,2                   |                               |                       |
| 8                 |                 | Revenue les            | s expenses Subtract line 18 norm line 12  | D              |                         |                               | 4,658.<br>End of Year |
| Assets            | 20              | Total assets           | (Part X line 16) JUL 1 3 2016 [3]   | Beginnin       | ng of Current<br>512,12 |                               |                       |
| Ass               | 21              |                        | es (Part X, line 26)  |                |                         |                               | 1,077,946.            |
| <b>5</b>          | <u>.</u>        | Total habilitie        | OCDEN III   |                | 31,8                    | 1                             | 593,022.              |
|                   | 22              | Net assets o           | r fund balances Subtract line 21 from @@DEN, UT   |                | 480,2                   | <u> </u>                      | 484,924.              |
| P                 | <u>art II</u>   | Signatu                | e Block   |                |                         |                               |                       |
| Und               | ler pena        | ilties of perjury, I d | eclare that I have examined this return, including accompanying schedules and statements, and to<br>arer (other than officer) is based on all information of which preparer has any knowledge | the best of m  | ny knowledge a          | and belief, it is             | true, correct, and    |
|                   |                 | recipitation or propi  |   |                |                         |                               |                       |
|                   |                 | Sugnati                | of officer  | Da             | ate                     |                               | <del></del>           |
| Si                | gn              | 3,000                  |   |                |                         | <b>65</b> 0                   |                       |
| н                 | ere             |                        | EK MILLER   | Pres           | ident &                 | CEO                           |                       |
|                   |                 |                        |   |                | 1 - 1                   | LOTIN                         |                       |
|                   |                 |                        | preparer's signature Date   | 1.             | Check                   | If PTIN                       |                       |
|                   | iid             |                        |   | 12016          | self employed           | d  P002                       | 290462                |
|                   | epar            |                        | 3   |                | 1                       |                               |                       |
| Us                | se Or           | ily Firms addr         | ess <u>1111 Brickyard Road, Suite 112</u>   |                | Firm's EIN              |                               |                       |
| _                 |                 |                        | Salt Lake City, UT 84106  |                | Phone no                |                               | 84-5206               |
| Ma                | v the           | IRS discuss th         | nis return with the preparer shown above? (see instructions)  |                | _                       | X                             | Yes No                |

Form **990** (2015)

|     |             |                       |                | H WORL      |            |             |             |                |              |             |              |              |            |           |             |             | 20-3          | 3755       | 573          | 4            | F            | age <b>2</b>   |
|-----|-------------|-----------------------|----------------|-------------|------------|-------------|-------------|----------------|--------------|-------------|--------------|--------------|------------|-----------|-------------|-------------|---------------|------------|--------------|--------------|--------------|----------------|
| Pàr | t III       |                       |                | of Pro      | -          |             |             |                | •            |             |              |              |            |           |             |             |               |            |              |              |              |                |
|     |             |                       |                | edule O     |            |             |             | e or no        | te to a      | any lir     | e in th      | is Part      | . 111      |           |             |             |               |            |              |              |              | _ Ц            |
| 1   |             | -                     |                | organiza    |            |             |             |                |              |             |              |              |            |           |             |             |               |            |              |              |              |                |
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|     | <u>in</u> t | ernat                 | <u>lona</u>    | l_bus       | iness      | <u>in</u>   | <u>tere</u> | <u>sts.</u>    |              |             |              |              |            |           |             |             |               |            | <b></b> -    |              |              |                |
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|     | 6 111       |                       |                | undertake   |            |             | -1          |                |              | al. 121.2   | Ala          |              |            |           |             | <u> </u>    |               |            |              |              |              |                |
| 2   |             | ne organi<br>1 990 or |                |             | any si     | gnincai     | nt prog     | jiaini sei     | vices        | uuring      | trie yea     | ar writer    | i were     | HOL HSL   | led on t    | ne prior    |               | Г          | <b>-</b>     | V            | v            | NI-            |
|     |             |                       |                | ese new     | corvace    | se on S     | Schadi      | ∩ مار          |              |             |              |              |            |           |             |             |               | L          |              | Yes          | N            | No             |
| 3   |             |                       |                | cease c     |            |             |             |                | cant o       | change      | e in h       | ow it c      | onduc      | te anv    | nrogra      | m serv      | ucas?         | ſ          | $\neg$       | Yes          | X            | No             |
| 3   |             | -                     |                | ese chan    |            | _           |             |                | ourn (       | Ji lai ig   | ,5 ,,, ,,    | 011 11 0     | oridae     | to, uny   | progra      | 3014        | 1003          | Ĺ          |              | 163          |              | NO             |
| 4   |             |                       |                | zation's r  | _          |             |             |                | hmen         | its for     | each o       | of its th    | ree la     | rgest p   | rogram      | servic      | es, as        | meas       | surec        | by e         | expen        | ses            |
|     | and         | revenue               | , if any,      | for each    | n progr    | am se       | rvice       | eported        | ineu t       | о терс      | irt the      | arriouri     | it or gr   | iaiiis ai | nu anoc     | callons     | to othe       | ers, t     | ne to        | otal e       | xpens        | es,            |
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| •   |             |                       |                | lude (      | -          |             |             |                |              |             |              |              |            |           |             |             |               |            | 511] †       | inc          | т            | <b>—</b> ′     |
|     |             |                       |                | host        |            |             |             |                |              |             |              |              | 2022       |           | / P=        |             | 9_ 5          | 2011       | · — — ·      |              | <u> </u>     | · <b></b> -    |
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|     | 1 Oth -     |                       |                | 1000 /D-    | corrb -    | .n. C -1-   | - اسم       | <u> </u>       |              |             |              |              |            |           |             |             |               |            |              |              |              |                |
| 4 ( |             | er progra<br>Jenses   | ım servi<br>\$ | ices (De    | scribe     |             |             | O)<br>ing grai | nts of       | \$          |              |              |            | ) (F      | Revenu      | e \$        |               |            |              |              | )            |                |
| 4   |             |                       | m servi        | ce exper    | ises •     |             |             |                | ,08          |             |              |              |            |           |             |             |               |            |              |              |              |                |
| BAA | \           |                       |                |             |            |             |             |                | ·            |             | 10/12        | 2/15         |            |           |             |             |               |            |              | Form         | 990          | (2015)         |

20-3755734

Form 990 (2015) UTAH WORLD TRADE CENTER

Form 990 (2015) UTAH WORLD TRADE CENTER
Part IV | Checklist of Required Schedules

|      |   |      | V   | I NI -   |
|------|---|------|-----|----------|
|      | 5017.70   | 1    | Yes | No       |
|      | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A   | 1    |     | Х        |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    |     | X        |
| 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, 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? If 'Yes,' complete Schedule D, Part IV            | 9    |     | X        |
| 0    | 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   |     | Х        |
| 11   | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |      |     |          |
| 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   |          |
| Ŀ    | 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 |     | x        |
| 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 |     | <u>x</u> |
| c    | 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 | Х   |          |
| e    | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e | Х   |          |
| 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 |     | <u> </u> |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII   | 12a  | Х   |          |
| t    | 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   | 12 b |     | Х        |
| 3    | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |     | Х        |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | X        |
| t    | 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV  | 16   |     | Х        |
| 7    | 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        |
| 8    | 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        |
| 9    | 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        |
|      |   |      |     |          |

Form 990 (2015) UTAH WORLD TRADE CENTER

Part IV | Checklist of Required Schedules (continued)

|      | The Chicagon of the Control of the C |      |       |         |
|------|--|------|-------|---------|
| 20.5 | Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H  | 20a  | Yes   | No<br>X |
|      | 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   |       | х       |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III  | 22   |       | Х       |
| 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 | 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  |       | Х       |
| t    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |       |         |
| 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  |       |         |
| c    | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d  |       |         |
| 25 a | 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  |       |         |
| ŧ    | 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  |       |         |
|      | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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   |       | Х       |
|      | 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)   |      |       |         |
| 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       |
| (    | 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   | 28c  |       | Х       |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M   | 29   |       | Х       |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M   | 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, Part II, III, or IV, and Part V, line I   | 34   |       | Х       |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |       | Χ       |
| ŀ    | If 'Yes' to line 35a, 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  |       |         |
| 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       |
|      | 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   |       | х       |
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| Form 990 (2015) UTAH WORLD TRADE CENTER   | 20-375573  | 1    | F     | age <b>5</b> |
|---|--|------|-------|--------------|
| 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           |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 1a 0   |      |       |              |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <b>1</b> b 0   |      |       |              |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and re<br>(gambling) winnings to prize winners?  | eportable gaming   | 1 c  |       |              |
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-  | i  |      |       |              |
| ments, filed for the calendar year ending with or within the year covered by this return  | 2a 10  |      |       |              |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment  | it tax returns?  | 2 b  | Х     |              |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:   | ·  |      |       |              |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year  | ar?  | 3 a  |       | X            |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O   |  | 3 b  |       |              |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account. | er authority over, a<br>inancial account)?   | 4 a  |       | х            |
| <b>b</b> If 'Yes,' enter the name of the foreign country  |  |      |       |              |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial  |  |      |       |              |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta  | L. Carlotte and the control of the c | 5 a  |       | X            |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt  | er transaction?  | 5 b  | _     | X            |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  |  | 5 c  |       |              |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?  | nd did the organization  | 6 a  |       | х            |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?  | ions or gifts were   | 6 ь  |       |              |
| 7 Organizations that may receive deductible contributions under section 170(c).   |  |      |       |              |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and p  | eartly for goods and   |      |       |              |
| services provided to the payor?   | larity for goods and   | 7 a  |       |              |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | [  | 7 b  |       |              |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v<br>Form 8282?  | vas required to file   | 7 c  |       |              |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year   | 7 d  |      |       |              |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal   |  | 7 e  |       |              |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben  | F  | 7 f  |       | L            |
| g If the organization received a contribution of qualified intellectual property, did the organization file f<br>as required?   |  | 7 g  |       |              |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the<br>Form 1098-C?   |  | 7 h  |       |              |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   | by the sponsoring  |      |       | <u>-</u>     |
| organization have excess business holdings at any time during the year?   | ,  | 8    |       | ļ            |
| 9 Sponsoring organizations maintaining donor advised funds.   |  |      |       | <sup> </sup> |
| a Did the sponsoring organization make any taxable distributions under section 4966?  | ,  | 9 a  |       |              |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related per  | son  | 9 ь  |       | <u> </u>     |
| 10 Section 501(c)(7) organizations. Enter   | امدا   |      |       | ĺ            |
| a Initiation fees and capital contributions included on Part VIII, line 12  | 10a  |      |       |              |
| <b>b</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  a Gross income from members or shareholders   | 11 a   |      |       |              |
|   | 114  |      |       |              |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 11b  |      |       |              |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o  | 12b  | 12 a |       |              |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  | 12.0   | -    |       | 1            |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  |  | 13a  |       | <sup>3</sup> |
| Note. See the instructions for additional information the organization must report on Schedul   | le O   | .56  |       | <u> </u>     |
| <b>b</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  | 13 b   |      |       | '            |
| c Enter the amount of reserves on hand  | 13 c   |      |       |              |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  |  | 14 a |       | X            |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in  |  | 14b  |       |              |
| BAA TEEA0105L 10/12/15  |  | Form | 990 ( | (2015)       |

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.  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a 1 a Enter the number of voting members of the governing body at the end of the tax year 11 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 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 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 X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O Х 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 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? 15 a Х a The organization's CEO, Executive Director, or top management official X 15 b **b** Other officers or 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 16 a Х taxable entity during the year? 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 organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

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Form 990 (2015)

# 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

- 1 a 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 a | ny related organiz  | ation                             | con                   |         |                    | ed any                       | cui    | rrent officer, direct  | or, or trustee  |  |
|--|---|-----------------------------------|-----------------------|---------|--------------------|------------------------------|--------|--|---|--|
|  |   | İ                                 |                       | (C)     |                    |                              |        |  |   |  |
| <b>(A)</b><br>Name and Title                     | (B)<br>Average<br>hours<br>per  | 15                                | s both<br>dir         | ector   | officer<br>/trusti |                              |        | ( <b>D</b> )  Reportable  compensation from the organization | (E)  Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|  | per week (list any hours for related organizations below dotted line) | Individual trustee<br>or director | Institutional trustee | Officer | Key employee       | Highest compensated employee | Former | (W-2/1099 MISC)  | related organizations<br>(W-2/1099-MISC)                | from the<br>organization<br>and related<br>organizations |
| (1) A SCOTT ANDERSON                             | 0   |                                   |                       |         |                    |                              |        |  |   |  |
| Director   | 0   | ] X                               |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (2) LANE BEATTIE                                 | 0   |                                   |                       |         |                    |                              |        | ·  |   |  |
| Director   | 0   | Х                                 |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (3) STEVEN STARKS                                | 0   |                                   |                       |         |                    |                              |        |  |   |  |
| Director   | 0   | X                                 |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (4) GARY PORTER                                  | 0   |                                   |                       |         |                    |                              |        |  |   |  |
| Director   | 0   | X                                 |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (5) CHRISTIAN GARDNER                            | 0   |                                   |                       |         |                    |                              |        |  |   |  |
| Director   | 0   | ] X                               |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (6) JAMES HUNTSMAN                               | 0   |                                   |                       |         |                    |                              |        |  | •   |  |
| Director   | 0   | <u> </u>                          |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (7) RON JIBSON                                   | 0   |                                   |                       |         |                    |                              |        |  |   |  |
| Director   | 0   | ] X                               |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (8) ALEX DUNN                                    | 0   |                                   |                       |         |                    | ПП                           |        |  |   |  |
| Director   | 0   | ] X                               |                       |         |                    |                              |        | 0.   | 0.  | 0.   |
| (9) DARIN PARKER                                 | 0   | ]                                 |                       |         |                    |                              |        |  |   |  |
| Director   | 0   | ] X                               |                       |         |                    |                              |        | 0.,  | 0.  | 0.   |
| (10) DEREK MILLER                                | 40  |                                   |                       |         |                    |                              |        |  |   |  |
| President & CEO                                  | 0   | ]                                 |                       | X       |                    |                              |        | 259,489.   | 0.  | 0.   |
| (11) DEAN LUIKART                                | 0   |                                   |                       |         |                    |                              |        |  |   |  |
| Treasurer  | 0   | }                                 |                       | Х       |                    |                              |        | 0.   | 0.  | 0.   |
| (12)   |   |                                   |                       |         |                    |                              |        |  |   |  |
| (13)   |   |                                   |                       |         | -                  |                              |        |  | -   |  |
| (14)   |   |                                   |                       |         |                    |                              | 1      |  |   |  |
|  | <u></u> <u>l</u>  | <u> </u>                          | L                     |         | L                  | i                            |        |  |   |  |

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| Form 990 (2015) UTAH WORLD TRADE CENTER   | otooo l  | <i>.</i>                          | F                     | 1 .               |                                   |                                 |              | d III mb a at Cam                            | 20-375573                                 |  |
|---|--|-----------------------------------|-----------------------|-------------------|-----------------------------------|---------------------------------|--------------|--|---|--|
| Part VII   Section A. Officers, Directors, Tru  | (B)  | ∧ey<br>                           | Em                    | 1 <u>1</u> 100    |                                   | es,                             | and          | a nignest Con                                | pensated Emp                              | loyees (continued)   |
| (A)<br>Name and title   | Average<br>hours<br>per                          | box,                              | , unle<br>er ar       | Pos<br>heck       | sition<br>more<br>erson<br>direct | than<br>is both<br>or/trus      | h an<br>tee) | (D)  Reportable compensation from            | (E)  Reportable compensation from         | (F) Estimated amount of other  |
|   | (list any<br>hours<br>for<br>related<br>organiza | Individual trustee<br>or director | Institutional trustee | Officer           | Key employee                      | Highest compensated<br>employee | Former       | the organization<br>(W-2/1099-MISC)          | related organizations<br>(W-2/1099 MISC)  | compensation<br>from the<br>organization<br>and related<br>organizations |
|   | - tions<br>below<br>dotted<br>line)              | trustee                           | ıt trustee            |                   | yee                               | mpensated                       |              |  |   |  |
| (15)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (16)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (17)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (18)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (19)  |  |                                   |                       |                   | <del></del>                       |                                 |              |  |   |  |
| (20)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (21)  |  | -                                 |                       |                   |                                   |                                 |              |  |   |  |
| (22)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (23)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (24)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| (25)  |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| 1 b Sub-total<br>c Total from continuation sheets to Part VII, Section  | ~ · · · · ·                                      |                                   |                       |                   |                                   |                                 | <b>&gt;</b>  | 259,489.<br>0.                               | 0.  | 0.   |
| d Total (add lines 1b and 1c)   | on A   |                                   |                       |                   |                                   |                                 | <b>&gt;</b>  | 259,489.                                     | 0.  | 0.   |
| 2 Total number of individuals (including but not limited from the organization ► 1  | to those I                                       | sted                              | abov                  | ve) v             | who                               | recei                           | ved          |  | 0 of reportable comp                      |  |
| 3 Did the organization list any former officer, direct  |  |                                   | key                   | , em              | nplo                              | yee,                            | or h         | nighest compensa                             | ted employee                              | Yes No   |
| on line 1a <sup>3</sup> If 'Yes,' complete Schedule J for such<br>4 For any individual listed on line 1a, is the sum of                               | reportable                                       | le coi                            | mpe                   | ensa              | ition                             | and                             | oth          | ner compensation                             | from                                      | 3 X  |
| the organization and related organizations greate such individual   |  |                                   |                       |                   |                                   |                                 | •            |  | and a sud and                             | 4 X  |
| 5 Did any person listed on line 1a receive or accrue<br>for services rendered to the organization? If 'Yes  | e compen<br>,' <i>comple</i>                     | te So                             | n tro                 | om<br><i>lule</i> | any<br>J fo                       | unre<br>or suc                  | ch p         | ed organization or<br>person                 | individuai                                | 5 X  |
| Section B. Independent Contractors  1 Complete this table for your five highest compensormers compensation from the organization Report compensation. | sated indi                                       | epend<br>the ca                   | dent                  | coi<br>dar        | ntra<br>year                      | ctors                           | tha          | at received more to<br>with or within the or | han \$100,000 of<br>ganization's tax year |  |
| (A)<br>Name and business addr   | ess  |                                   |                       |                   |                                   |                                 |              | Description (                                | of services                               | (C)<br>Compensation  |
|   |  | _                                 |                       |                   |                                   |                                 |              |  |   |  |
|   |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
|   |  |                                   |                       |                   |                                   |                                 |              |  |   |  |
| Total number of independent contractors (including b \$100,000 of compensation from the organization)   |  | ted to                            | tho                   | se I              | ısted                             | d abo                           | ve)          | who received more                            | than                                      |  |

|  | Check if Schedule O contains a response or note to a                                 | ny line in this Part VI | II                                     |  |  |
|--|--|-------------------------|--|--|--|
|  |  | (A)<br>Total revenue    | (B) Related or exempt function revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts<br>ts   | 1 a Federated campaigns 1 a  |                         |  |  |  |
| ran  | b Membership dues 1b 454,750   | .]                      |  |  |  |
| s, G   | c Fundraising events   |                         |  |  |  |
| Sifft<br>lar /   | d Related organizations 1 d  |                         |  |  |  |
| imil   | e Government grants (contributions) 1e 536,847                                       |                         |  |  |  |
| rtior<br>er S  | f All other contributions, gifts, grants, and similar amounts not included above 1 f |                         |  |  |  |
| ig #S  |  | _                       |  |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contributions included in lines 1a-1f \$                                   | 001 507                 |  |  |  |
| <u>a</u> C   | h Total. Add lines 1a-1f  Business Code  | 991,597.                |  |  |  |
| Program Service Revenue                                | 2 a  | -                       |  |  |  |
| Zev.   | b  | 1                       |  |  |  |
| e e  | c  |                         |  |  | <del></del>  |
| Ser.   | d  |                         |  |  |  |
| Ē  | e  |                         |  |  |  |
| gra  | f All other program service revenue  |                         |  |  |  |
| Ğ.   | g Total. Add fines 2a-2i   | <b>•</b>                |  | ·  |  |
|  | Investment income (including dividends, interest and other similar amounts)          | 210                     | 21.0                                   |  |  |
|  | 4 Income from investment of tax-exempt bond proceeds                                 | 319.                    | 319.                                   |  |  |
| !  | 5 Royalties  | •                       |  | · · · · · · · · · · · · · · · · · · ·          |  |
|  | (i) Real (ii) Personal   |                         |  |  |  |
|  | 6 a Gross rents  | -                       |  |  |  |
|  | <b>b</b> Less rental expenses  |                         |  |  | ,  |
|  | c Rental income or (loss)  | ]                       |  |  |  |
|  | d Net rental income or (loss)  | <b>&gt;</b>             |  |  |  |
|  | 7 a Gross amount from sales of (i) Securities (ii) Other                             | _                       |  |  |  |
|  | assets other than inventory  | -                       |  |  | ]  |
|  | b Less cost or other basis<br>and sales expenses                                     |                         |  |  | į,   |
|  | c Gain or (loss)   | -                       |  |  | !  |
|  | d Net gain or (loss)   | <u>  </u>               |  |  |  |
| d)   | 8 a Gross income from fundraising events   |                         |  |  | 1  |
| ž  | (not including \$  |                         |  |  | 1  |
| ě  | of contributions reported on line 1c)  |                         |  |  |  |
| Other Revenue  | See Part IV, line 18   | _                       |  |  |  |
| E Pe   | <b>b</b> Less direct expenses <b>b</b>   |                         |  |  |  |
| Ò  | c Net income or (loss) from fundraising events                                       |                         |  |  | · · · · · · · · · · · · · · · · · · ·                |
|  | 9 a Gross income from gaming activities<br>See Part IV, line 19 a                    |                         |  |  |  |
|  | <b>b</b> Less direct expenses <b>b</b>   | -                       |  |  | ;  |
|  | c Net income or (loss) from gaming activities  | <u> </u>                | -                                      |  | -  |
|  | 10a Gross sales of inventory, less returns   |                         |  |  |  |
|  | 10 a Gross sales of inventory, less returns and allowances a                         |                         |  |  |  |
|  | <b>b</b> Less cost of goods sold <b>b</b>  |                         |  | + -  |  |
|  | c Net income or (loss) from sales of inventory                                       | <u> </u>                |  |  | · · · · · · · · · · · · · · · · · · ·                |
|  | Miscellaneous Revenue Business Code  |                         |  |  |  |
|  | 11a Other Income   | 601.                    | 601.                                   |  | -  |
|  |  |                         |  |  |  |
|  | d All other revenue  |                         |  |  |  |
|  | e Total. Add lines 11a-11d   | 601.                    | <del></del>                            |  |  |
|  | 12 Total revenue. See instructions   | 992,517.                | 920.                                   | 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) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 259,489 0 259,489 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 298,337 1,600 296,737 0. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 32,394 32,394 Payroll taxes 34,388 34,388 Fees for services (non-employees) a Management **b** Legal c Accounting 17,185 17,185 **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 4,780 5,276 10,056 Office expenses 5,043 105 4,938. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 37,037. 22,871. 14,166 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Payments to affiliates 6,209 Depreciation, depletion, and amortization 6,209 23 2,029. 2,029 Insurance 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) 102,226 60,521 41,705 a Trade missions \_\_\_\_\_ b Events 83,844 55,993 25,639 2,212 44,259 44,259 d Dues & Subscriptions \_ 16,779 12,495 4,284 38,584. 935. 37,649 e All other expenses 151,089 834,558 25 Total functional expenses Add lines 1 through 24e 987,859 2,212. 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 ► ☐ if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 47,117 1 Cash - non-interest-bearing -3,532.2 2 Savings and temporary cash investments 232,580 548,472. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 317,073. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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 organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 18,841 3,250. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 36,279 **b** Less accumulated depreciation 10b 23,596 10 c 13,589 12,683. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 200,000 200,000. 15 Total assets. Add lines 1 through 15 (must equal line 34) 512,127 16 16 1,077,946. Accounts payable and accrued expenses 17 10,682. 17 6.494 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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. 21,179 25 586,528 31,861 26 Total liabilities. Add lines 17 through 25 593,022 X and complete Organizations that follow SFAS 117 (ASC 958), check here > or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 480,266 27 484,924. Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 33 480,266. 484,924. 34 Total liabilities and net assets/fund balances 512,127 34 1,077,946. Form 990 (2015) BAA

| Forr | n 990 (2015) UTAH WORLD TRADE CENTER   | <u> 20-3755</u> 734 | 4     | Pa             | ige 12 |
|------|--|---------------------|-------|----------------|--------|
| Pà   | rt 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                   | 9     | 92,5           | 517.   |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2                   |       |                | 359.   |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3                   |       |                | 558.   |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4                   | 4     |                | 266.   |
| 5    | Net unrealized gains (losses) on investments   | 5                   |       |                |        |
| 6    | Donated services and use of facilities   | 6                   |       |                |        |
| 7    | Investment expenses  | 7                   |       |                |        |
| 8    | Prior period adjustments   | 8                   |       |                |        |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9                   |       |                | 0.     |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10                  | 4     | 84,9           | 924.   |
| Pa   | rt 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 X Accrual Other   |                     |       | ( )<br>( ) ( ) |        |
|      | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O   |                     | ; ~ j | identi         | to .   |
| 2    | a Were the organization's financial statements compiled or reviewed by an independent accountant?  |                     | 2 a   |                | X      |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis   | eviewed on a        | -     |                |        |
|      | b Were the organization's financial statements audited by an independent accountant?   |                     | 2 b   | Х              |        |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a statement for the year were audited on the year were audited on the year were audited on the year were all the year wer | separate            |       |                |        |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |                     |       |                |        |
|      | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?  |                     | 2 c   |                | Х      |
|      | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O  | 1                   |       | -              |        |
|      | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?   |                     | 3 a   | Х              |        |
|      | <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | ed audit            | 3 b   | Х              |        |
| BA   |  |                     | Form  | 990 (          | 2015)  |

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

UTAH WORLD TRADE CENTER 20-3755734 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No impermissible private benefit? 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) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a a Total number of conservation easements 2 b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►Ś Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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

b 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

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

following amounts relating to these items

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

(i) Revenue included on Form 990, Part VIII, line 1

ÞŚ

| Description of property                    | (a) Cost or other basis (investment) | (b) Cost or other<br>basis (other) | (c) Accumulated depreciation | (d) Book value   |
|--|--------------------------------------|------------------------------------|------------------------------|------------------|
| 1 a Land                                   |                                      |                                    | 当此地大学的社会                     |                  |
| <b>b</b> Buildings                         |                                      |                                    |                              |                  |
| c Leasehold improvements                   |                                      |                                    |                              |                  |
| <b>d</b> Equipment                         |                                      |                                    |                              |                  |
| e Other                                    |                                      | 36,279.                            | 23,596.                      | 12,683.          |
| Total. Add lines 1a through 1e (Column (d) | must equal Form 990, Part X,         | column (B), line 10c )             | <b>&gt;</b>                  | 12,683.          |
|  |                                      |                                    | 6 1 1                        | L B (F 000) 0015 |

BAA

Schedule **D** (Form 990) 2015

Schedule **D** (Form 990) 2015

BAA

| (a) Description of security or category (including name of security)   | (b) Book value  | O, Part IV, line 11b. See Fo  (c) Method of valuation Cost or | -                                     |
|--|---|---|---------------------------------------|
| (1) Financial derivatives  |   |   | <del></del>                           |
| (2) Closely-held equity interests  |   |   | · · · · · · · · · · · · · · · · · · · |
| (3) Other  |   |   |                                       |
| (A)  |   |   |                                       |
| (B)  |   |   |                                       |
| (C)  |   |   |                                       |
| (D)  |   |   |                                       |
| (E)  |   |   |                                       |
| (F)  |   |   |                                       |
| (G)  |   |   |                                       |
| (H)  |   |   |                                       |
| (I)  |   | <u> </u>  |                                       |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 12)   |   |   |                                       |
| Part VIII Investments – Program Related.   |   | N/A   | 000 David V June 13                   |
| Complete if the organization answered  |   | U, Part IV, line IIC. See Fol                                 | rm 990, Part X, line 13               |
| (a) Description of investment  | (b) Book value  | (c) Method of valuation Cost o                                | r end-of-year market value            |
| (1)  | <del></del>   |   |                                       |
| (2)  |   |   |                                       |
| (3)  |   |   | <del>,, -</del> ,                     |
| (4)  |   |   |                                       |
| (5)  | <del></del>   |   |                                       |
| (6)  | <del>_</del>  |   |                                       |
| (7)  |   |   |                                       |
| (8)  |   |   |                                       |
| (9)  |   |   |                                       |
| (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  |   |   |                                       |
| Part IX Other Assets   |   |   | <del></del>                           |
| Complete if the organization answered  |   | 0, Part IV, line 11d. See Fo                                  | rm 990, Part X, line 15               |
| (a) Des  | scrintion   |   |                                       |
|  | on prom   |   | (b) Book value                        |
| (1) World Trade Center Membership  | , or ip don't   |   |                                       |
| (2)  |   |   |                                       |
| (2)<br>(3)   |   |   |                                       |
| (2)<br>(3)<br>(4)  |   |   |                                       |
| (2)<br>(3)<br>(4)<br>(5)   |   |   |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)  |   |   |                                       |
| (2)<br>(3)<br>(4)<br>(5)   |   |   |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   |   |   |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)  |   |   |                                       |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)   |   |   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  | 3) line 15 )  |   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  | 3) <i>line 15</i> )<br>orm 990, Part IV, line                               | 11e or 11f. See Form 990, Part X, II                          | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  | 3) line 15 )  | 11e or 11f. See Form 990, Part X, II                          | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes  | 3) line 15 )<br>orm 990, Part IV, line<br>(b) Book value                    |   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll  | 3) line 15 ) orm 990, Part IV, line (b) Book value                          | 78.   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line   | 3) line 15 ) orm 990, Part IV, line (b) Book value 31, 6                    | 78.<br>98.  | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income – sponsorships  | 3) line 15) orm 990, Part IV, line (b) Book value 31, 6 3, 6 545, 5         | 78.<br>98.<br>00.   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income – sponsorships (5) Other liabilities                      | 3) line 15 ) orm 990, Part IV, line (b) Book value 31, 6                    | 78.<br>98.<br>00.   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income - sponsorships (5) Other liabilities (6)                  | 3) line 15) orm 990, Part IV, line (b) Book value 31, 6 3, 6 545, 5         | 78.<br>98.<br>00.   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income – sponsorships (5) Other liabilities                      | 3) line 15) orm 990, Part IV, line (b) Book value 31, 6 3, 6 545, 5         | 78.<br>98.<br>00.   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income - sponsorships (5) Other liabilities (6) (7)              | 3) line 15) orm 990, Part IV, line (b) Book value 31, 6 3, 6 545, 5         | 78.<br>98.<br>00.   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income – sponsorships (5) Other liabilities (6) (7) (8) (9) (10)   | 3) line 15) orm 990, Part IV, line (b) Book value 31, 6 3, 6 545, 5         | 78.<br>98.<br>00.   | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income - sponsorships (5) Other liabilities (6) (7) (8) (9)      | 3) line 15 ) orm 990, Part IV, line (b) Book value 31, 6 3, 6 545, 5 5, 6   | 78.<br>98.<br>00.<br>52.                                      | 200,000.                              |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Accrued Payroll (3) Bank credit line (4) Deferred income – sponsorships (5) Other liabilities (6) (7) (8) (9) (10) | 3) line 15)  orm 990, Part IV, line  (b) Book value  31, 6 3, 6 545, 5 5, 6 | 78.<br>98.<br>00.<br>52.                                      | 200,000.  200,000.  200,000.          |

TEEA3303L 06/03/15

| Part XI Reconciliation of Revenue per Audited Financial Stat               | ements With Revenue p                 | er Return.                               |                 |
|--|---------------------------------------|--|-----------------|
| Complete if the organization answered 'Yes' on Form !                      | 990, Part IV, line 12a.               |  |                 |
| 1 Total revenue, gains, and other support per audited financial statements |                                       | 1  | 992,517.        |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12       |                                       | 333                                      |                 |
| a Net unrealized gains (losses) on investments                             | 2 a                                   |  |                 |
| <b>b</b> Donated services and use of facilities                            | 2 b                                   | 7.6                                      |                 |
| c Recoveries of prior year grants  | 2 c                                   |  |                 |
| d Other (Describe in Part XIII )   | 2 d                                   |  |                 |
| e Add lines 2a through 2d  | <del></del>                           | 2 e                                      |                 |
| 3 Subtract line 2e from line 1   |                                       | 3  | 992,517.        |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1      |                                       | 462                                      |                 |
| a Investment expenses not included on Form 990, Part VIII, line 7b.        | 4 a                                   |  |                 |
| <b>b</b> Other (Describe in Part XIII )                                    | 4 b                                   |  |                 |
| c Add lines 4a and 4b  |                                       | 4 c                                      |                 |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 12)                                 | 5  | 992,517.        |
| Part XII Reconciliation of Expenses per Audited Financial Sta              | tements With Expenses                 | s per Return.                            |                 |
| Complete if the organization answered 'Yes' on Form                        | 990, Part IV, line 12a.               |  |                 |
| 1 Total expenses and losses per audited financial statements               |                                       | 1  | 987,859.        |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25         |                                       | S  |                 |
| a Donated services and use of facilities                                   | 2 a                                   |  |                 |
| <b>b</b> Prior year adjustments  | 2 b                                   | 376.3                                    |                 |
| c Other losses   | 2 c                                   | 5 PE 19                                  |                 |
| d Other (Describe in Part XIII )   | 2 d                                   | 7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1 |                 |
| e Add lines 2a through 2d  | · · · · · · · · · · · · · · · · · · · | 2 e                                      |                 |
| 3 Subtract line 2e from line 1   |                                       | 3  | 987,859.        |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1        |                                       |  |                 |
| a Investment expenses not included on Form 990, Part VIII, line 7b.        | 4 a                                   | \$                                       |                 |
| <b>b</b> Other (Describe in Part XIII )                                    | 4 b                                   |  |                 |
| c Add lines 4a and 4b  |                                       | 4 c                                      |                 |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, II | ne 18)                                | 5  | <u>987,859.</u> |
| Part XIII Supplemental Information.  |                                       |  |                 |

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule **D** (Form 990) 2015

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

| UTA | H WORLD TRADE CENTER  | 20-375573  | 4   |              |          |
|-----|---|--|-----|--------------|----------|
| Par |   |  |     |              |          |
|     |   | · · · · · · · · · · · · · · · · · · ·  | -   | Yes          | No       |
| 1 a | Check the appropriate box(es) if the organization provided ar VII, Section A, line 1a Complete Part III to provide any  | ly of the following to or for a person listed on Form 990, Part 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  |     |              | İ        |
|     | Discretionary spending account  | Personal services (e g , maid, chauffeur, chef)  |     |              |          |
| b   | If any of the boxes on line 1a are checked, did the organizati reimbursement or provision of all of the expenses descri   |  | 11  |              |          |
| 2   | Did the organization require substantiation prior to reimb<br>trustees, and officers, including the CEO/Executive Direct  | tor, regarding the items checked in line 1a?   | 2   |              |          |
| 3   | Indicate which, if any, of the following the filing organization CEO/Executive Director Check all that apply. Do not che establish compensation of the CEO/Executive Director, by   | used to establish the compensation of the organization's<br>eck any boxes for methods used by a related organization to<br>out explain in Part III | 0   |              |          |
|     | Compensation committee  | Written employment contract  |     |              |          |
|     | Independent compensation consultant   | Compensation survey or study   |     | l            |          |
|     | Form 990 of other organizations   | X Approval by the board or compensation committee  | e   |              |          |
| 4   | During the year, did any person listed on Form 990, Part organization or a related organization  Receive a severance payment or change-of-control payment   |  |     |              |          |
| -   | Participate in, or receive payment from, a supplemental   |  | 4 a | +            | X        |
|     | Participate in, or receive payment from, a supplemental Participate in, or receive payment from, an equity-based  | ·  | 40  | +            | X        |
|     | If 'Yes' to any of lines 4a-c, list the persons and provide   |  |     | -            | Î        |
|     | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organize  | ations must complete lines 5-9.  |     |              |          |
| 5   | For persons listed on Form 990, Part VII, Section A, line 1a, contingent on the revenues of   | did the organization pay or accrue any compensation  |     |              |          |
| а   | The organization?   |  | 5 a |              |          |
| b   | Any related organization?   |  | 5 b |              |          |
|     | If 'Yes' to line 5a or 5b, describe in Part III   |  |     |              |          |
| 6   | For persons listed on Form 990, Part VII, Section A, line 1a, contingent on the net earnings of   | did the organization pay or accrue any compensation  |     |              |          |
| а   | The organization?   |  | 6 a |              |          |
| b   | Any related organization?   |  | 61  | )            |          |
|     | If 'Yes' on line 6a or 6b, describe in Part III   |  |     |              |          |
| 7   | For persons listed on Form 990, Part VII, Section A, line payments not described on lines 5 and $6^{\circ}$ If 'Yes,' described on lines 5 and $6^{\circ}$ If 'Ye | 1a, did the organization provide any non-fixed ibe in Part III   | 7   |              |          |
| 8   | to the initial contract exception described in Regulations  |  |     |              |          |
|     | If 'Yes,' describe in Part III  |  | 8   | <del> </del> | <u> </u> |
| 9   | If 'Yes' to line 8 did the organization also follow the rebuttab section 53 4958-6(c)?  | le presumption procedure described in Regulations  | 9   |              |          |

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Schedule J (Form 990) 2015 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 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

|                    |          | (B) Breakdown of                      | (B) Breakdown of W.2 and/or 1099-MISC compensation | Ccompensation                             |   |                                    |   |   |
|--------------------|----------|---------------------------------------|--|---|---|------------------------------------|---|---|
| (A) Name and Title | ·        | (i) Base<br>compensation              | (ii) Bonus & incentive compensation                | (III) Other<br>reportable<br>compensation | (C) Retirement<br>and other<br>deferred<br>compensation | ( <b>b)</b> Nontaxable<br>benefits | ( <b>E)</b> Total of<br>columns(B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| DEREK MILLER       | ε        | 259, 489.                             | 0.   | 0   | 0   | 0                                  | 259, 489.                                 | 0.  |
| 1 President & CEO  | (ii)     | 0.                                    | 0.   | 0.  | 0.  | 0.                                 | 0   | 0.  |
|                    | Θ        |                                       |  |   |   | <br>   <br>   <br>   <br>          |   | <br> <br> <br> <br> <br>  |
| 2                  | €        |                                       |  |   |   |                                    |   |   |
|                    | Ξ        | 1 1 1                                 | 1            |   |   |                                    |   | 1 1 1 1   |
| 3                  | <b>E</b> |                                       |  |   |   |                                    |   |   |
|                    | ⊜ €      | <br> <br> <br> <br> <br>              |  | 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                                 |
| r                  | ) (E     |                                       |  |   |   |                                    |   |   |
| S                  | €        |                                       |  |   |   |                                    |   |   |
|                    | 0        | # # # # # # # # # # # # # # # # # # # | -  | 1   | <br> <br> <br> <br> <br>                                | 1 1 1                              |   | <br> <br> <br> <br> <br>  |
| 9                  | Ξ        |                                       |  |   |   |                                    |   |   |
|                    | Θ        | <br> <br> <br> <br> <br> <br>         |  | <br> <br> <br> <br> <br> <br>             | 1 1   |                                    | <br> <br> <br> <br> <br>                  | <br> <br> <br> <br> <br> <br>   |
| 7                  | €        |                                       |  |   |   |                                    |   |   |
|                    | Ξ        | <br> <br> <br> <br> <br> <br>         | <br>   | <br> <br> <br> <br> <br> <br>             | <br> <br> <br> <br> <br> <br>                           | <br> <br> <br> <br> <br>           | <br>                                      | !<br>!<br>!<br>!  |
| 8                  | (3)      |                                       |  |   |   |                                    |   |   |
|                    | Ξ        | <br> <br> <br> <br> <br>              | 1 1 1  | 1 1                                       |   | <br> <br> <br> <br> <br>           | <br> <br> <br> <br> <br>                  | 1 1 1 1 1 1   |
| 6                  | €        |                                       |  |   |   |                                    |   |   |
|                    | ε :      |                                       | <br>   |   | <br> <br> <br> <br>                                     |                                    |   | <br>  |
| 10                 | €        |                                       |  |   |   |                                    |   |   |
| -                  | € (      | 1 1 1                                 |  | <br>                                      |   | 1 1 1 1 1 1 1 1                    |   |   |
|                    | 3 6      |                                       |  |   |   |                                    |   |   |
| 12                 | € (      | <br> <br> <br> <br> <br>              | <br> <br> <br> <br> <br> <br>                      | 1   | <br> <br> <br> <br> <br> <br>                           |                                    |   | <br>  |
|                    | : ∈      |                                       |  |   |   |                                    |   |   |
| 13                 | (E)      | <br> <br> <br> <br> <br> <br>         | 1 1 1 1 1 1 1 1 1 1 1 1                            |   |   | <br> <br> <br> <br> <br> <br>      |   | <br> <br> <br> <br> <br>  |
|                    | Θ        |                                       | -  |   |   |                                    |   |   |
| 14                 | (ii)     |                                       |  |   |   |                                    |   |   |
|                    | ε        | 1                                     | <br> <br> <br> <br> <br> <br>                      |   | 1 1 1   |                                    |   |   |
| 15                 | €        |                                       |  |   |   |                                    |   |   |
|                    | ε (      | <del></del>                           |  |   |   | 1 1 1                              | !   | <br>  |
| 10                 | ≣        |                                       |  |   |   |                                    |   |   |
| ВАА                |          |                                       | 1EEA4102L 10/26/15                                 | 2   |   |                                    | Schedule J                                | Schedule J (Form 990) 2015  |

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# Schedule J (Form 990) 2015 UTAH WOR

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 O (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.

► 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

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 other documents available to the public.