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DLN: 93493030010377

OMB No 1545-0047

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

A F	or the	2015 ca		07-01-2015 , and ending 06-30-201	.6	_								
_		pplicable	C Name of organization UTAH STATE BAR			D Emplo	yer i	dentification number						
_	ldress c	-				87-0	2716	510						
	ame cha Itial reti	-	Doing business as											
F		ui i i	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			E Teleph	one n	umber						
_	termina iended		645 SOUTH 200 EAST	ıl ıs not delivered to street address) Room/su	ite	(801	531	-9077						
<u>:</u>		n pending	City or town, state or province, count	ry, and ZIP or foreign postal code			<u>, </u>							
			SALT LAKE CITY, UT 84111			G Gross	receip	ts \$ 7,031,760						
			F Name and address of principa	al officer	H(a) I	s this a group	retu	ırn for						
						ubordinates?		┌ Yes 🗸						
						No .re all subord	ınate	s						
I Ta:	k-exem	pt status	「501(c)(3) √ 501(c)(6) ◄ (insert no) 4947(a)(1) or 527	ır	ncluded?		165 \ 140						
J W	ebsite	:► ww	/W UTAHBAR ORG			r "No," attacr Group exemp		st (see instructions)						
K Form	n of ore	anization	✓ Corporation Trust Associati	Other >		of formation 19		M State of legal domicile UT						
K TOIT	ii oi oig	janization	♥ Corporation Trust Associati	on Other P				<u> </u>						
Pa		Sum	-											
Governance	T (O RÉPRE		or most significant activities : OF UTAH AND TO SERVE THE PUE EXCELLENCE, CIVILITY, ETHICS, R										
en.														
205	2 0	heck th	nis box 🕨 🥅 if the organization dis	continued its operations or disposed	of more th	an 25% of it	s net	assets						
			-6b.n.n.n.n.n.h.n.n.n.f.bh.n.n.n.n.n.n.n.	- hadu (Dark VIII luna da)			٦	1						
Activities &				g body (Part VI, line 1a)			3 4	14						
3				alendar year 2015 (Part V, line 2a)			5	50						
AC			, ,	cessary)			6	174						
			,	t VIII, column (C), line 12			7a	-313,844						
	b Ne	et unrela	ated business taxable income fror	n Form 990-T, line 34			7b	-461,163						
						Prior Year		Current Year						
<u> </u>	8	Contri	ibutions and grants (Part VIII, lin	e 1 h)				0						
3	9 Program service revenue (Part VIII, line 2g)					6,610	6,792,630							
Ravenue	10							50,827						
_	11			ines 5,6d,8c,9c,10c,and 11e)	_ —	-313	,886	-311,129						
	12	12)	revenue—add inles o tillough 11 ((must equal Part VIII, column (A), lın	e	6,327	,897	6,532,328						
	13	Grants	s and sımılar amounts paıd (Part I	X, column (A), lines 1-3)		110	715	91,926						
	14	Benefi	its paid to or for members (Part IX	(, column (A), line 4)		73,	,887	73,966						
Ş	15			e benefits (Part IX, column (A), lines		2,865	693,	3,057,259						
nse	16a	5-10)	,	column (A), line 11e)				0						
Expenses	b		undraising expenses (Part IX, column (D),		·			-						
ū	17		- · · · · · · · · · · · · · · · · · · ·	nes 11a-11d, 11f-24e)		2,655	354	2,629,984						
	18			t equal Part IX, column (A), line 25)		5,705	649	5,853,135						
	19	Reven	nue less expenses Subtract line 1	8 from line 12		622	,248	679,193						
C 6 S					Beginni	ng of Current	Year	End of Year						
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			8,427	692	9,215,206						
A As	21		liabilities (Part X, line 26)			2,866		2,974,767						
ş	22		, , , , , , , , , , , , , , , , , , , ,	ine 21 from line 20		5,561	-	6,240,439						
	t II		ature Block											
my kı	nowled	ige and i		mined this return, including accompar plete Declaration of preparer (other th	, -) is based on		•						
Cian		Signa	ature of officer			2017-01-30 Date								
Sign Here		10HM	N C BALDWIN Executive Direc											
			e or print name and title											
			Print/Type preparer's name RANDY HUIZENGA	Preparer's signature C RANDY HUIZENGA	ate	Check 🗸 ıf	PTIN	N 106096						
Paid		-				self-employed	1, 30,							
	pare	'r	Firm's name HUIZENGA & COMPANY Firm's address 1003 E MOBINA CT	rc		Firm's EIN ► Phone no (80)	1) 748	-4008						
Use	Onl	ly	SALT LAKE CITY, UT 84	117		110 (00.	_, , 40	500						
Mav t	he IR:	S discus	· · · · · · · · · · · · · · · · · · ·	own above? (see instructions)				. √Yes No						

Par	t IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

,	,			
īV	Checklist of	Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No

150	checklist of Required Schedules (Continued)		
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	Yes
			1

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

member of any of these persons? *If "Yes," complete Schedule L, Part III* Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Yes	

Nο

Νo

Nο

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2015)

Pai		ements Regarding Other IRS Filings and Tax Compliance k if Schedule O contains a response or note to any line in this l				
	Chec	ik il Schedule o contains a response of flote to any line in this i	rait v	· ·	Yes	No
1a	Enter the nui	mber reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 77		103	110
		mber of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
		L nızatıon comply with backup withholding rules for reportable payments to	vendors and reportable			
·		abling) winnings to prize winners?	·	1 c	Yes	
2a	Enter the nui	mber of employees reported on Form W-3, Transmittal of Wage and				
		ents, filed for the calendar year ending with or within the year covered	2a 50			
L	•	n		2b	Yes	
U		um of lines $1a$ and $2a$ is greater than 250 , you may be required to e-file			103	
3a	Did the orgai	nization have unrelated business gross income of \$1,000 or more during	the year?	3a	Yes	
b	If "Yes," has	it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on ın Schedule O	3b	Yes	
4a	At any time of	during the calendar year, did the organization have an interest in, or a sig	gnature or other authority			
		cial account in a foreign country (such as a bank account, securities acc	count, or other financial	4a		N.o.
L	account)? .					No
b		er the name of the foreign country ions for filing requirements for FinCEN Form 114, Report of Foreign Bank	, and Einangial Associate			
	(FBAR)	ions for ining requirements for Find EN Form 114, Report of Foreign Bank	and Financial Accounts			
5a	, ,	anization a party to a prohibited tax shelter transaction at any time durin	ig the tax vear?	5a		No
		ble party notify the organization that it was or is a party to a prohibited t	l l	5b		No
	·			5 0		
Ü	11 165, to I	ine 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the org	janization have annual gross receipts that are normally greater than \$10	00,000, and did the	6a		No
	-	solicit any contributions that were not tax deductible as charitable cont	I			
ь		the organization include with every solicitation an express statement th deductible?	iat such contributions or gifts	6 b		
7	Organization	s that may receive deductible contributions under section 170(c).				
а	Did the orgai	nization receive a payment in excess of \$75 made partly as a contribution	on and partly for goods and	7a		
	•	vided to the payor?	ľ			
	·	the organization notify the donor of the value of the goods or services pr		7b		
С		nization sell, exchange, or otherwise dispose of tangible personal proper 82?	ty for which it was required to	7 c		
d	If "Yes," ındı	icate the number of Forms 8282 filed during the year	7d			
_	Did the organ	nization receive any funds, directly or indirectly, to pay premiums on a p	ersonal henefit contract?			
Č	Did the organ	inzación receive any funds, anecety of manecety, to pay premiums on a p	ersonal benefit contract.	7e		
f	Did the orgai	nization, during the year, pay premiums, directly or indirectly, on a perso	onal benefit contract?	7f		
g	If the organiz	zation received a contribution of qualified intellectual property, did the oi	rganızatıon file Form 8899 as	7 g		
h	•	zation received a contribution of cars, boats, airplanes, or other vehicles	 . did the organization file a	79		
	Form 1098-	C?	í	7h		
8		rganizations maintaining donor advised funds. advised fund maintained by the sponsoring organization have excess bus	siness holdings at any time			
	during the ye			8		No
9a	Did the spon	soring organization make any taxable distributions under section 49667	·	9a		No
		soring organization make a distribution to a donor, donor advisor, or rela	•	9b		No
10	·	c)(7) organizations. Enter				
	,	es and capital contributions included on Part VIII, line 12	10a			
		ots, included on Form 990, Part VIII, line 12, for public use of club	10b			
	facilities			, I		
	•	c)(12) organizations. Enter	445			
		e from members or shareholders	11a			
D		unts due or received from them)	11b			
12a	Section 4947	- (a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu of Form 1041?	12a		No
		er the amount of tax-exempt interest received or accrued during the				.,,
-	year year	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organi	ızatıon lıcensed to ıssue qualıfıed health plans ın more than one state? N ı	ote. See the instructions for			
	_	formation the organization must report on Schedule O		13a		No
b		nount of reserves the organization is required to maintain by the states organization is licensed to issue qualified health plans	13b			
r		organization is licensed to issue qualified health plans	13c			
		nization receive any payments for indoor tanning services during the tax		14a		No
	•	introlline terms any payments for indoor talking services during the tax int filed a Form 720 to report these payments? If "No," provide an explanat	·	14a 14b		NU
,	1 1 C3, 11d3			_70		

orm 990 (2015) Pa
art VI	Governance, Management, and Disclosure
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section	A. Governing Body and Management

	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing	1		
	body, or if the governing body delegated broad authority to an executive committee			
L	or similar committee, explain in Schedule O			
D	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a 7b	Yes Yes	
	or persons other than the governing body?	/0	1 65	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
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?	16b		
Se	ction C. Disclosure	-00		
	List the States with which a copy of this Form 990 is required to be filed			
_				
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records •KELLIE BARTZ 645 SOUTH 200 EAST SALT LAKE CITY, UT 841113834 (801) 297-7020 Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 no	r an y rela ted or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) KATE CONYERS	1 00	l x						0	0	0
COMMISSIONER	0 00	^						U	U	U
(2) KENYON DOVE	1 00									
COMMISSIONER	0 00	X						0	0	0
(3) MICHELLE MUMFORD COMMISSIONER	0 00	x						0	0	0
(4) MARY KAY GRIFFIN	1 00									
COMMISSIONER	0 00	Х						0	0	0
(5) ROBERT O RICE PRESIDENT ELECT	0 00	х						6,000	0	0
(6) JOHN LUND COMMISSIONER	1 00	х						0	0	0
(7) ANGELINA TSU	1 00	х						12,000	0	0
President	0 00									
(8) HEATHER FARNSWORTH COMMISSIONER	0 00	x						0	0	0
(9) LIISA HANCOCK COMMISSIONER		х						0	0	0
	0 00 1 00									
(10) HERM OLSEN COMMISSIONER		×						0	0	0
(11) SUSANNE GUSTIN COMMISSIONER	0 00	х						0	0	0
(12) H DICKSON BURTON	1 00									_
COMMISSIONER	0 00	Х						0	0	0
(13) KATIE WOODS COMMISSIONER	1 00	x						0	0	0
(14) STEVEN R BURT ATA	1 00	. .							_	
COMMISSIONER	0 00	X						0	0	0
										Form 990 (2015)

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

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) JOHN C BALDWIN	40 00			х				176,875	0	17,688
Executive Direc (16) BILLY LEE WALKER	0 00 40 00									
CHIEF DSCPL OFF	0 00			х				158,000	0	15,800
(17) JONI SEKO	40 00									
CHF ADMSSN OFCR	0 00			Х				128,000	0	12,800
(18) ELIZABETH WRIGHT	40 00			Ī					_	
GENERAL COUNSEL	0 00			Х				120,000	0	12,000
(19) KELLIE BARTZ	40 00							F7 244		0
FIN ADMIN	0 00			Х				57,244	0	0
(20) RICHARD M DIBBLEE	40 00			×				132,056	0	13,206
ASST EXEC DIR	0 00			<u> </u>				132,030	0	13,200
1b Sub-Total	·		-	>	_				<u>'</u>	
c Total from continuation sheets to Part VII				•						
d Total (add lines 1b and 1c)	•			▶			7:	90,175		71,494
2 Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed a	bove	e) w	ho red	ceiv	ed more than	·	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	muvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

		<u> </u>
(A) Name and business address	(B) Description of services	(C) Compensation
		·

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99								Page 9
Part V	/##	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
ants	ь	Membership du	ies 1b					
Contributions, Giffs, Grants and Other Similar Amounts	c	Fundraising eve	ents 1c					
ifts. ar A	d	Related organiz	zations 1d					
a, G	e	Government grants	s (contributions) 1e					
Sis	f		ons, gifts, grants, and 1f					
but the		similar amounts no	ot included above ons included in lines					
n di	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · ·	0			
<u>.</u>				Business Code				
Program Service Revenue	2a	ANNUAL CONVENT			684,677	684,677		
a <u>k</u>	b	ATTRNY LICENSING CLE SEMINARS	G & ADMISS		5,622,680	5,622,680		
٤	d	LAW DAY			142,702 6,380	142,702 6,380		
₹	e	MANDATORY CLE F	EES		336,191	336,191		
Jr an	f		am service revenue		333/333	333,272		
P	_	Total Add lines	s 2a-2f	•	6,792,630			
	3		ome (including dividen					
		and other simil	aramounts)	. •	52,531			52,531
	5	Royalties	stment of tax-exempt bond	proceeds >	0 839		839	
		Royaldes	(ı) Real	(II) Personal				
	6a	Gross rents	33,116	, ,				
	Ь	Less rental	497,728					
	_ ا	expenses Rental income	-464,612					
	d	or (loss) Net rental inco	me or (loss)		-464,612		-464,612	
	"	Wee remaining	(i) Securities	(II) Other	,		<u>, </u>	
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and		1,704				
	c	sales expenses Gain or (loss)		-1,704				
	d		L	l i	-1,704	-1,704		
ıne	8a	Gross income f events (not inc						
Other Revenue			s reported on line 1c) ne 18					
the	Ь		penses b					
0	C		(loss) from fundraising	events 🕨	0			
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti	vities	o			
	10a	Gross sales of returns and allo	owances .	P				
	ь	less costofa	a oods sold b					
		_	(loss) from sales of inv	L entory ▶	О			
		Miscellaneou	s Revenue	Business Code				
	11a	BAR JOURNAL			147,319		147,319	
	b	BUSINESS BO		0.555	2,610		2,610	
	C		ELLANEOUS REVS	812900	2,715			2,715
	d e	All other reven		▶				
	12		See Instructions .		152,644			
	1			🟲	6,532,328	6,790,926	-313,844	55,246

Part IX Statement of Functional Expenses

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

	Γ				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	91,926	91,926		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	73,966	73,966		
5	Compensation of current officers, directors, trustees, and key employees	861,668	759,010	102,658	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,631,128	1,590,350	40,778	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,830	113,877	6,953	
9	Other employee benefits	282,661	266,397	16,264	
10	Payroll taxes	160,972	151,710	9,262	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	35,000	31,500	3,500	
С	Accounting	95,433		95,433	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	37,674		37,674	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	2,323	2,207	116	
13	Office expenses	186,431	182,704	3,727	
14	Information technology	57,831	57,253	578	
15	Royalties	0			
16	Occupancy	161,443	157,407	4,036	
17	Travel	118,646	116,273	2,373	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,505,449	1,490,395	15,054	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	103,536	100,948	2,588	
23	Insurance	50,948		50,948	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Printing and Publications	169,086	167,395	1,691	
b	BANK AND CC CHARGES	32,894	32,894		
c	PAYMENTS TO SECURITY FUND RESP	31,140	31,140		
d	LEGISLATIVE	28,631		28,631	
e	All other expenses	13,519	13,113	406	
25	Total functional expenses. Add lines 1 through 24e	5,853,135	5,430,465	422,670	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2015)					Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any lir	e in th	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,855,457	1	2,668,808
	2	Savings and temporary cash investments			3,633,810	2	4,586,992
Assets	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			1,460	4	9,211
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Schedule L	ompĺete	Part II of			0
	6	Loans and other receivables from other disqualified persons described in section 4958 (f)(1)), persons described in section 4958 (contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see install of Schedule L		5	0		
				6	0		
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			82,458	9	222,763
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,240,553			
	b	Less accumulated depreciation	10 b	3,513,121	1,854,507	10 c	1,727,432
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11 $$.				12	0
	13	Investments—program-related See Part IV, line 11 .				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV , line 11				15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	·		8,427,692	16	9,215,206
	17	Accounts payable and accrued expenses			619,236	17	597,000
	18	Grants payable				18	
	19	Deferred revenue			2,115,832	19	2,324,862
	1 20	Taxaasaan baad kabulaa				20	

	* *	investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	8,427,692	16	9,215,206
	17	Accounts payable and accrued expenses	619,236	17	597,000
	18	Grants payable		18	
	19	Deferred revenue	2,115,832	19	2,324,862
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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			
		`	131,378	25	52,905
	26	Total liabilities Add lines 17 through 25	2 866 446	26	2 974 767

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

▽

No

Νo

Nο

Yes

Yes

Yes

2a

2b

2c

3a

DLN: 93493030010377

Employer identification number

87-0271610

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

UTAH STATE BAR

2

3

Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		Yes No
4 a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to otl	her organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			Yes V No
5	Enter the names, addresses at organization made payments amount of political contribution separate segregated fund or a	unds Also enter the nızatıon, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	- EZ. Ca	at No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (- (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ıng)	oying expenditures to influence public opinion (grass roots			

		lobbying expenditures to influence a legislative body (direct lobbying) lobbying expenditures (add lines 1a and 1b) exempt purpose expenditures exempt purpose expenditures (add lines 1c and 1d) ing nontaxable amount Enter the amount from the following table in both columns amount on line 1e, column (a) or (b) is: er \$500,000 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000							
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots			•				
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)							
c	Total lobbying expenditures (add lines $1a$ and	1b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines	otal exempt purpose expenditures (add lines 1c and 1d)							
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000							

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
Lobbying Expe	nditures During	4-Year Avera	ging Period				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 2a, column(e))							
Total lobbying expenditures							
Grassroots nontaxable amount							
Grassroots ceiling amount (150% of line 2d, column (e))							
Grassroots lobbying expenditures							
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))		

Supplemental Information

Part IV

Return Reference

J C 111	Edule 6 (1 01111 330 01 330 EZ) 2013				1 0	19C 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	IOT				
For c	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ	, , , , , , , , , , , , , , , , , , , ,		No		Moun	t
		Yes	,			
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
	through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5), c)r s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1			4,164	1,005
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			28	3,631
b	Carryover from last year	2b				82
C	Total	2c				3,713
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			14	1,990
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			13	3,723
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public

DLN: 93493030010377

Inspection

Na	nal Revenue Service me of the organization AH STATE BAR			Empl	oyer identificat	ion numbe	er
					271610		
Pā	Organizations Maintaining Donor Complete if the organization answere			nds c	or Accounts	i	
	Temprete in the enganization and the	(a) Donor advised funds		(b)	Funds and othe	raccounts	;
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			or advis	sed	Yes	∏ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		_		purpose	Yes	┌ No
Pa	rt III Conservation Easements. Comple	ete if the organization answ	vered "Yes" or	n Form	n 990, Part I\	<u>, line 7.</u>	
1	Purpose(s) of conservation easements held by th	- '	apply)				
	Preservation of land for public use (e g , recreducation)		eservation of an	histor	ıcally importan	t land area	
	Protection of natural habitat	<u>-</u>	eservation of a		, ,		
	Preservation of open space	·					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation c	ontribution in th	ne form	of a conservat	ion	
					Held at the	End of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme		,\	2b			
c d	Number of conservation easements on a certified Number of conservation easements included in (historic structure listed in the National Register		` ´	2c 2d			
3	Number of conservation easements modified, tra	nsferred, released, extinguishe	ا d. or terminated.		e organization (luring the	
-	tax year ▶	isteriou, reieuseu, extinguistie	a, or commute	. by circ	o organization (ianing tine	
4	Number of states where property subject to cons	ervation easement is located 🕨	·	_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		nspection, hand	ling of	┌ Y €	es N	o
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violatio	ns, and enforcir	ng cons	ervation easer	nents duru	ng the
7	A mount of expenses incurred in monitoring, insper	ecting, handling of violations, a	nd enforcing co	nserva	tion easements	during th	e year
8	Does each conservation easement reported on Ii (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requi	rements of sect	ion 17	0(h)(4)	es 🗆 N	o
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organiza					
Pai	Organizations Maintaining Collect Complete of the organization answere			or Oth	er Similar <i>I</i>	\ssets.	
1 a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition	on, education, o	r resea	arch in furthera		
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition					lıc
	(i) Revenue included on Form 990, Part VIII, line	L		▶ \$			
(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, to following amounts required to be reported under S		mılar assets fo				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Tre	asures, or	Other Similar A	ssets
3		the organization's acquisition, accition items (check all that apply)	ession, and other rec	ords, cl	neck any	of the	following that	are a significant us	e of its
а		Public exhibition		d	_ L	oan or	exchange pro	grams	
b		Scholarly research		e	Го	ther			
c		Preservation for future generations							
4	Provi Part >	de a description of the organization'	's collections and exp	plaın ho	w they fui	rther t	he organizatio	n's exempt purpose	ın
5		g the year, did the organization soli s to be sold to raise funds rather th							s No
Pa	rt IV			F	000 B-		l		
		Complete if the organization a Part X, line 21.	answered "Yes" on	ı Form	990, Pa	rt IV,	line 9, or re	ported an amour	it on Form 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inter	mediary	for conti	rıbutıo	ns or other as	sets not	s No
ь	If"	Yes," explain the arrangement in Pa	art XIII and complet	e the fo	llowing ta	ıble		Am	ount
c		ginning balance	-				10	:	
d	•	ditions during the year					10	ı	
e		tributions during the year					16	:	
f		ding balance					11	:	
2 a		ne organization include an amount o	n Form 990, Part X, I	lıne 21,	for escro	worc	ustodial acco	unt liability? 🗀 🗸 🕒	s No
b								·	
	rt V	s," explain the arrangement in Part Endowment Funds. Comple							
		Zila Willer Fallasi Comple	(a)Current year		or year		Two years back		(e)Four years back
1 a	Begir	nning of year balance			·				
b	C ont	ributions · · · · · · ·							
c	Net i losse	nvestment earnings, gains, and is							
d	Gran	ts or scholarships							
e		r expenditures for facilities irograms							
f	• A dmi	nistrative expenses							
g	End o	of year balance							
2		de the estimated percentage of the	current vear end hala	ance (lir	ne 1 a col	lumn (a)) held as		
a		designated or quasi-endowment	current year end bare	ance (m	10 19, 00	(a,, nera as		
_		anent endowment							
b									
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%						
3a		nere endowment funds not in the pos ization by	ssession of the orgar	nızatıon	that are I	held a	nd administere	ed for the	Van Na
	_	related organizations						3a	Yes No
		lated organizations							(ii)
b	If"Ye	s" on 3a(II), are the related organiz	ations listed as requ	ired on :	Schedule	R? .		3	Bb
4	Desc	ribe in Part XIII the intended uses o		endowm	ent funds	5			
Pa	rt VI	Land, Buildings, and Equip		Form 0	00 00 ==	- T\/	ına 112 Caa	Form 000 Bart V	Line 10
		Complete if the organization a Description of property	answered fes to		(a) ost or other	r basıs	(b) Cost or other ba	Accumulated	(d)Book value
	10-3				(investme	nt)	(other)	142	500 / 1=
				•			633,:	- 	633,142
		gs		· -			2,979,0	2,384,06	594,973
		nent		: 			758,:	126 489,05	66 269,070
				. –			870,		<u> </u>

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

1,727,432

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the orga	nization answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
	+		
	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.			
Complete if the organization answered	d 'Yes' on Form 99		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2			>
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.	anızatıon answere	d 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	e	
Federal income taxes			
CAPITALIZED LEASES - ST AND LT	2	905	
CLIENT SECURITY FUND PAYABLE-ST AND LT	50,	000	
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 52:	905	
2. Liability for uncertain tax positions In Part XIII, provid	de the text of the foot	note to the organization	
organization's liability for uncertain tax positions under FIXIII	IN 48 (ASC 740) CI	neck here if the text of th	ne footnote has been provided in Part

Schedule D (Form 990) 2015

1

Part XIII

information

Return Reference

Supplemental Information

7,049,395

2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b 517,067		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	517,067
3	Subtract line 2e from line 1	3	6,532,328
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,532,328
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	6,370,202
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	517,067
3	Subtract line 2e from line 1	3	5,853,135
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Explanation

Total revenue, gains, and other support per audited financial statements .

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493030010377 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number UTAH STATE BAR 87-0271610 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of (b) EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Additional Data

SALT LAKE CITY, UT 84111

Software ID: 15000324
Software Version: 2015v3.0

EIN: 87-0271610

Name: UTAH STATE BAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization or government	(b) E1N	if applicable	grant	, ,	(book, FMV, appraisal, other)	,	or assistance
LAW RELATED EDUCATION 645 S 200 E SALT LAKE CITY,UT 84111			65,000	3,036	p rr v	OFFICE CDVCC	SUPPORT FOR ITS EXEMPT PURPOSE
UTAH DISPUTE RESOLUTION 645 S 200 E			0	8,063	p rr v	OFFICE CRUCC	SUPPORT FOR ITS EXEMPT PURPOSE

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.

2015

DLN: 93493030010377

OMB No 1545-0047

Department of the Treasury

Schedule J (Form 990)

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

Open to Public Inspection

	nal Revenue Service me of the organization		Employer identification	n nun	nber	
UTA	AH STATE BAR		07 0271610			
Рa	rt I Questions Regarding Compensation		87-0271610			
	Questions regulating compensation				Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pr	· - ·				
	First-class or charter travel Travel for companions Tax idemnification and gross-up payments Discretionary spending account	Housing allowance or residence fo Payments for business use of pers Health or social club dues or initia Personal services (e.g., maid, chai	onal residence			
ь 2	If any of the boxes in line 1a are checked, did the organiz reimbursement or provision of all of the expenses describ Did the organization require substantiation prior to reimburding the constant of the con	ped above? If "No," complete Part III t ursing or allowing expenses incurred by	o explain y all	1b	Yes	
	directors, trustees, officers, including the CEO/Executive	e Director, regarding the items checked	I in line 1a/	2	Yes	
3	Indicate which, if any, of the following the filing organizatio organization's CEO/Executive Director Check all that ap used by a related organization to establish compensation	pply Do not check any boxes for metho	ds			
	▼ Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Part or a related organization	VII, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control paym	nent?		4a		Νo
b	Participate in, or receive payment from, a supplemental n	onqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of	·	any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue	any			
а	The organization?			6 a		
b	Any related organization?			6b		
	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 in lines 5 and 67 If "Yes," descri		on-fixed	7		
В	Were any amounts reported on Form 990, Part VII, paid of subject to the initial contract exception described in Regular Part III			8		
9	If "Yes" on line 8, did the organization also follow the rebusection 53 4958-6(c)?	uttable presumption procedure describ	ed in Regulations	9		

Schedule J (Form 990) 2015

2 JOHN C BALDWIN

Executive Direc

176.875

(ii)

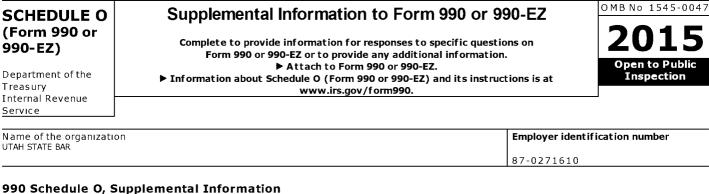
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in	
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation			column(B) reported as deferred on prior Form 990	
1 BILLY LEE WALKER CHIEF DSCPL OFF	(i)	158,000			15,800		173,800		
	an								

17.688

194,563

Return Reference Explanation						
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						
Part III Supplemental Information						
Schedule J (Form 990) 2015	chedule J (Form 990) 2015					

Schedule J (Form 990) 2015



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Return Reference OTHER PROGRAM SERVICES 4 REGULATE AND DISCIPLINE ATTORNEYS PRACTICING LAW IN THE STATE OF Form 990, Part III, Line 4d Other Program Services UTAH THROUGH THE INVESTIGATION OF COMPLAINTS AND PROSECUTING CASES WHERE A PPROPRIATE. Description OTHER PROGRAM SERVICES 5 REGULATE AND APPROVE CONTINUING LEGAL EDUCATION PRESENTED

NG AN APPROPRIATE LICENSE

Open to Public

DLN: 93493030010377

Explanation WITHIN THE STATE OF UTAH

ALL ATTORNEYS WISHING TO PRACTICE IN UTAH MUST BE MEMBERS OF THE UTAH STATE BAR. THE BAR.R.

EQUIRES ANNUAL LICENSING BY JUNE 30 OF EACH YEAR THE BAR SUSPENDS ATTORNEYS NOT MAINTAINI

Form 990, Part VI, Line 6

Explanation of Classes of

Members or Shareholder

990 Schedule O, Supplemental Information

Shareholders

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THE UTAH BAR COMMISSION OVERSEES THE UTAH STATE BAR TEN BAR COMMISSIONERS ARE ELECTED BY BAR MEMBERS TO THE COMMISSION, THE PRESIDENT AND PRESIDENT-ELECT ARE ALSO ELECTED BY BAR MEMBERS TO THOSE OFFICES AND THEY ALSO SERVE AS MEMBERS OF THE BAR COMMISSION, AND TWO NON-LAWYER COMMISSIONERS ARE APPOINTED BY THE UTAH SUPREME COURT ALL COMMISSIONERS SERVE A THREE-YEAR TERM THE PRESIDENT-ELECT IS NOMINATED BY THE BODY OF COMMISSIONERS AND IS ELECTED BY ALL MEMBERS OF THE BAR ANNUALLY THE PRESIDENT-ELECT SUCCEEDS THE SITTING PRESIDENT
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or	THE SUPREME COURT OF UTAH HAS DELEGATED RESPONSIBILITY OF THE UTAH STATE BAR'S MANAGEMENT TO THE BAR COMMISSION, BUT RETAINS ULTIMATE AUTHORITY OVER THE MANAGEMENT, ADMINISTRATION AND DISCIPLINE OF ATTORNEYS PRACTICING IN THE STATE OF UTAH

Return Reference Explanation

Form 990, Part VI, Line 11b Form 990 Review Process FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND FINANCIAL ADMINISTRATOR

990 Schedule O, Supplemental Information

	7.5.7
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	MEMBERS OF THE BAR COMMISSION ARE REQUIRED TO ANNUALLY DISCLOSE CONFLICTS OF INTEREST OR R ELATIONSHIPS REQUIRED TO BE DISCLOSED ADHERENCE TO CONFLICT OF INTEREST POLICY REQUIREMEN TS ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

Form 990, Part VI, Line 15a	BAR COMMISSION DETERMINES A PPROPRIATE LEVEL OF EXECUTIVE DIRECTOR COMPENSATION
Compensation Review & Approval	BASED ON ALL AVAILABLE DATA EXECUTIVE DIRECTOR DETERMINES APPROPRIATE LEVEL OF
Process - CEO, Top Management	KEY EMPLOYEE AND MANAGEMENT COMPENSATION BASED ON ALL AVAILABLE DATA

COMPENSATION BASED ON ALL AVAILABLE DATA

Explanation

Form 990, Part VI, Line 15b EXECUTIVE DIRECTOR DETERMINES A PPROPRIATE LEVEL OF KEY EMPLOYEE AND MAINAGEMENT

Compensation Review and Approval

Process for Officers and Key Employees

Return Reference

990 Schedule O, Supplemental Information

Form 990, Part VI, Line 19 Other	THE UTAH STATE BAR WEBSITE CONTAINS BAR COMMSSION NAMES, ADDRESSES AND CONTACT
Organization Documents Publicly	INFORMATION IT ALSO CONTAINS CERTAIN GOVERNING DOUCMENTS AND POLICIES, ANNUAL AUDITED
Available	FINANCIAL STATEMENTS, BAR COMMISSION MEETING AGENDAS AND MINUTES
F 000 P+ VII I 0	THE DUDGET AND SINANCE COMMITTEE IN CONCEPT WITH THE DAD COMMISSION. THE EVECUTIVE

Explanation

Form 990. Part XII. Line 2 Change of Oversight or Selection Process

Return Reference

THE BUDGET AND FINANCE COMMITTEE, IN CONCERT WITH THE BAR COMMISSION, THE EXECUTIVE DIRECT OR AND FINANCIAL ADMINISTRATOR. REVIEWS THE QUALIFICATIONS OF A SMALL GROUP OF AUDITORS

MAKING SELECTION AND APPOINTMENT OF THE INDEPENDENT AUDITOR