(Rev. January 2020) 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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning	, and ending			
В	Check if a	applicable: C Name of organization	4.1		D Employe	r identification number
	Address	change VISIT SALT 1	LAKE			M/
一	Name cha	Doing business as			87-04	415106
\vdash	Name Ch	Number and street (or P.O. box if mail is not delivered to	o street address)		Telephone	
	Initial retu				801-	534-4999
	Final retu terminated		gn postal code			
一		SALT LAKE CITY UT	84101	(G Gross rec	eipts\$ 18,451,122
\vdash	Amended	F Name and address of principal officer:				
	Applicatio	n pending SCOTT BECK		H(a) Is this a grou	ip return for	subordinates Yes X No
		90 SOUTH WEST TEMPLE		H(b) Are all subo	rdinates incl	uded? Yes No
		SALT LAKE CITY	UT 84101	If "No," a	attach a list.	(see instructions)
_	Tay ayar	mpt status:				
÷	Website		4947 (a)(1) 01 327	II(a) Crave avera		
<u>J</u>			011 -	H(c) Group exem		
			Other	L Year of formation: 19	704	M State of legal domicile: UT
	Part I	Summary				
_		Briefly describe the organization's mission or most sig				
ည		PROMOTE SALT LAKE COUNTY AS A	CONVENTION AND TOURIS	ST DESTINATIO	N.	
nai						
Š		·				
Governance	2 (Check this box ▶ if the organization discontinued i	ts operations or disposed of more th	an 25% of its net ass	sets.	
ಶ	1 8	Number of voting members of the governing body (Pa	rt VI, line 1a)		3	21
S		Number of independent voting members of the govern	ing body (Part VI, line 1b)		4	21
Ę	5 -	Total number of individuals employed in calendar year	2019 (Part V line 2a)		5	99
Activities	6 -	Takal malam afal				102
⋖	72-	Total unrelated business revenue from Part VIII, colum	an (C) line 12			0
		Net unrelated business taxable income from Form 990			7b	0
_	01	vet unrelated business taxable income nom Form 990	5-1, IIIIe 39	Prior Year		Current Year
	8 (Contributions and grants (Part VIII, line 1h)			,000	275,000
Revenue	ا م	D		14 420		18,013,731
Ver	10		nd 7d)	-00	,446	118,252
₽.	10 1	Investment income (Part VIII, column (A), lines 3, 4, a			,326	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9				7,183
_		Total revenue – add lines 8 through 11 (must equal Pa			, 163	18,414,166
	13 (Grants and similar amounts paid (Part IX, column (A),	lines 1–3)			0
		Benefits paid to or for members (Part IX, column (A),				0
es	15 9	Salaries, other compensation, employee benefits (Part			,901	4,745,700
ÜS	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)			0
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 2	25) ▶ 0			
Ш́	17 (Other expenses (Part IX, column (A), lines 11a–11d,	11f–24e)	10,957		14,483,595
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)	15,512	,797	19,229,295
	19 F	Revenue less expenses. Subtract line 18 from line 12		_477	,014	-815,129
Net Assets or	3	·		Beginning of Curre		End of Year
sets	20 ⁻	Total assets (Part X, line 16)		7,164	,718	7,189,859
S. A.	g 21 -	Total liabilities (Part X, line 26)		1,891	,052	2,731,322
$\frac{2}{2}$	22 1	Net assets or fund balances. Subtract line 21 from line	e 20	5,273	, 666	4,458,537
	Part II	Signature Block				
	Jnder pe	nalties of perjury, I declare that I have examined this return,	including accompanying schedules and	statements, and to the b	est of my	knowledge and belief, it is
		ect, and complete. Declaration of preparer (other than officer)				,
Sig	an	Signature of officer			Date	
He		CLIFF DONER	EVE	C VP/CFO		
пе	i e	Type or print name and title	EAE	C VP/CFO		
_		' · · · ·	pporodo pigneturo	I Data	1	OTIN
pa:	id		eparer's signature	Date	Check	if PTIN
Pai		· ·	CHARD SCORESBY, CPA		self-em	
	parer	Firm's name LARSON & COMPANY	•		n's EIN ▶	87-0516083
Use	e Only		EIGHTS DR SUITE 30	0		
		Firm's address > SOUTH JORDAN, UT	r 84095-5123	Pho	one no.	801-313-1900
Ma	y the IF	RS discuss this return with the preparer shown above	? (see instructions)			Yes No

Form 990 (2019) VISIT S 2	ALT LAKE		87-0415106		Page 2
Part III Statement of	Program Service Accedule O contains a resp				
1 Briefly describe the organiz PROMOTE SALT LA	ation's mission:				
					<u>y</u>
prior Form 990 or 990-EZ?			n were not listed on the		Yes X No
services?	conducting, or make significa	•	ts, any program		Yes X No
expenses. Section 501(c)(3	anges on Schedule O. program service accomplishr) and 501(c)(4) organizations enue, if any, for each prograr	are required to report the ar			
4a (Code:) (Expens THE ORGANIZATIO IN CONVENTIONS, ACTIVITIES THAT	ON PROMOTES, SI TRADE SHOWS,	EXHIBITIONS, (RTS, AND PART)
4b (Code:) (Expens		including grants of \$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Revenue \$	
THE ORGANIZATION MARKETING EFFOR OPERATES A VISI PROGRAM.	ON PROMOTES TOU RTS TO PACKAGED	RISM TO SALT TO TRAVEL ORGAN	LAKE COUNTY T	THROUGH COOR	ALSO
4c (Code:) (Expens	es \$	including grants of \$) (Revenue \$)
•					
•					
4d Other program services (De	escribe on Schedule O.)				
(Expenses \$	including grant	ts of \$) (Revenue \$)	
4e Total program service expe	nses ▶				

Form 990 (2019) VISIT SALT LAKE Part IV Checklist of Required Schedules

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_	1. the constitution of the line of the FOA(\/O\) at 40.47(\/A\ / the other or which it for the first \/O \foating foat \(\frac{1}{2} \)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
•	complete Schedule A	1	= 37	X
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	X	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	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	X	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			3,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			,,
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
00-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u> </u>	001	X (2040)

X

Form **990** (2019)

	1 990 (2019) VISIT SALT LAKE 87-U4151U6		P	age 4
_Pa	art IV Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		ľ	
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a		250		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Ves " complete Schedule I Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
-	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
D	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Г	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Conocado O Containo a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50		155	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Ease The the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Shitepeans, field for the calegadary ware ending with or within the year covered by this; return b If at least one is reported on in 2a. 4 did the organization, file all indexed federal drup, organization is usual organization. The all indexed federal drup, organization is usual organization. The all indexed federal drup, organization is usual organization. The all indexed federal drup, organization or Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ower, a financial account in a feroing organity feur to a substraction, and organization and organization and organization and interest in, or a signature or other authority ower, a financial account in a feroing countly feur to an abust account, securities account or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year. 5b Did any taxobe party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did she to organization solicit any contributions that ware not tax deductable as charitable contributions or gifts were not lax deductable as charitable contributions or gifts were not lax desuctable? 6a X b If Year, and the organization to tutor with the value of the goods or services provided? 7b Did the organization receive a payment in access of S75 made party as a contribution and party for goods 7c organizations that may receive deductable contributions under section 170(c). 7c organization receive a contribution of underly to year pay premiums on a personal benefit contract? 7c organization translation growing and inselection property for which it was c	Form	990 (2019) VISIT SALT LAKE 87-0415		F	Page 5
2a lear the number of employees reported on Form W-3. Transmittal of Wage and Tax Slateprens, Biol of the caleginary area enting with or within the year covered by this return. b If a listed scellar reported on line 24: Get the capacitation files all required federal dramptoment are setting? Note: If the sum of lines is and 24: Get the capacitation files all required federal dramptoments are strong. Note: If the sum of lines is and 25 is greater than 35, 90; you may be required to a self-set incritations. 3a Did the organization have unmarked basiness gross income of \$1,000 or more during the space. 4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A any time during the calendary year, did the organization have an interest in, or a signature or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry. 4a If "Yes," careful the name of the foreign country. 5a Was the organization party by a prohibited tax shrelet transaction at lay time during the lax year? 5b If "Yes," and the sort of the organization that it was or a a parry to a prohibited tax shrelet transaction? 5c If "Yes," of the organization include with every solicitation an express statement that such contributions 6c In Organization shreld a promote that it is deductible as charitable contributions 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$5's made party is a contribution and party for goods 9d and services provided to the payor? 7c In Interest the organization receive a payment in excess of \$5's made party is a contribution and party for goods 9d and services provided to the payor? 7c In Interest the organization receive a payment in excess of \$5's made party is a contributio	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (con	tinued)		
Statements, filed for the calendar year ending with or within the year covered by this return by if at least cele is exported on the 2xt dish occasionation file all required federal employment tax estimates? Note: If the sum of lines 1s and 2x is greater than 250, you may be required to e-file (see, instructions) Note: If the sum of lines 1s and 2x is greater than 250, you may be required to e-file (see, instructions) Note: If the sum of lines 1s and 2x is greater than 250, you may be required to e-file (see, instructions) Note: If Yes; Institute is a formal of the formal 250, you may be required to e-file (see, instructions) At any time during the calendary exp, did the organization have an interest in, or a signature or other authority over, and increase in a country of the calendary or any of the calen			_	Yes	No
b If al least onle is reported on time 2at set the organization file au inequired feeding regulation 6-66 (seen institutions) 3a Did the organization have unreleted business gross income of \$1,000 or more during the yeas? 3b If "Yes," has it filed a Form 990-1 for this year? If "No" to live 30, provide an explanation on Schedule O 3d At any time during the celerior year, did the organization have an interest in, or a signature or other authority over, a firancial account in a foreign country (such as a bank account, securities account, or other financial account) over, a firancial account in a foreign country (such as a bank account, securities account, or other financial account) over, a firancial account in a foreign country (such as a bank account, securities account, or other financial account). 5a Was the organization for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization to a prohibeto tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifls were not tax eductables as charablello contributions? 5b X 5c Lift "Yes" of did the organization include with every solicitation an express statement that such contributions or gifls were not tax eductables as charables contributions? 5c Lift "Yes," did the organization include with every solicitation an express statement that such contributions or gifls were not tax eductables as charables contributions? 5c Lift "Yes," did the organization include with every solicitation an express statement that such contributions or gifls were not tax eductables as charables contributions? 5c Lift "Yes," did the organization received a payment in excess of 57's made parity as a contribution and parity for goods and services provided to the payor? 5c Lift "Yes," did the organization self-very and the expres	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3					
3a Dit the organization have unrieitated business gross income of \$1,000 or more during the year? 3b If "Yes," is at fitted a Form 990-Tr for this year If "No" for its 3b, your work are explanation on Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, as countries or other financial accounts)? 4b If "Yes," enter the name of the foreign country ► as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization for illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization to a promised set whether transaction at any time during the tax year? 5b If "Yes," enter the name of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes but he so for 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gills were not tax eductibles as charitable contributions? 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gills were not tax eductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8 bif Yes," did the organization merceive a payment in excess of \$75 made partly as a contribution or any	b			X	
b If "Yes," has it flied a Form 990-T for this year? If "Wo' to line 3b, provide an explanation on Schedule O 4 At any time during the calendar year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country years as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country years as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? If years are an account in the property of the			ins)	/	l
4a At any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) b If "Yes," enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited sate sheller transaction at any time during the tax year? Sa X b DI any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5b X c If "Yes" to line 5a or 5b, did the organization face from 8986-T? 5c 6a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization is not at a deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization necewe a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organization receive and payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organization receive and payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? 8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 7 Organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 9 Did	3a				X
a infrancial account in a foreign country (such as a bank account, securities account, or other financial account)? As a infrancial account in a foreign country ➤ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5		·)	
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
,	16		nt income?	6	Х
	-				

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule). Se	e inst	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	_X_
<u>Sec</u>	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	y	Yes	No
h	· '			
า	Enter the number of voting members included on line 1a, above, who are independent			
2		2		х
,	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	A	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		
<i>i</i> a	and ar mark mambers of the gayarning had 2	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
b	at a literature and a second at the second and the	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	de.)	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		Х
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
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	X	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		X
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		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
	LIFFORD O DONER 90 SOUTH WEST TEMPLE			
SZ	ALT LAKE CITY UT 84101 801	<u>-5</u> 3	4-49	3 99

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) (F) Average Position Average hours (do not check more than one compensation compensation compensation compensation of other												
Name and title	hours per week (list any	box	k, unle icer ar	check ess pe	more rson is directo	s both a r/truste	an e)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-WISC)	(W-2/1099-WISC)	organization and related organizations		
(1) SCOTT BECK												
	40.00											
PRESIDENT & CEO	0.00			X				302,186	0	27,049		
(2) MARK WHITE	40.00											
	40.00							014 050		05 501		
SENIOR VP	0.00					Х		214,372	0	27,701		
(3) JEFF GASSAWAY	40.00											
DIRECTOR OF SALES	0.00	1				x		164,279	0	5,720		
(4) JAMES THOMPSON	0.00					<u> </u>		104,219	0	3,120		
(4) DAMES THOMPSON	40.00											
VP OF MARKETING	0.00	1				x		132,089	0	29,227		
(5) SALLY O'NEILL	0.00							132,003	·	23,221		
(0) 222222	40.00											
DIRECTOR OF SALES	0.00					$ \mathbf{x} $		140,150	0	19,992		
(6) TYSON LYBERT								,		,		
	40.00											
MANAGING DIR-SALES	0.00	1				x		132,123	0	27,995		
(7) ARLYN BRADSHAW								·				
	1.00											
TRUSTEE	0.00	X						0	0	0		
(8) JIM BREITINGER												
	1.00							_	_	_		
TRUSTEE	0.00	X						0	0	0		
(9) DEE BREWER												
	4.50											
IMMPASTCHAR/EXECCOMM	0.00	X		Х				0	0	0		
(10) MARY CRAFTS	1 00											
	1.00							_				
TRUSTEE	0.00	X	_			$\vdash \vdash$		0	0	0		
(11) JUDY CULLEN	1 00											
mpricmee	1.00	X						0	0	0		
TRUSTEE	0.00	1						U	ı	1 0		

Form **990** (2019)

Part VII Section A. Officers	s, Directors, Tr	uste	es, I	Key	Em	ploye	es,	and Highest Compensa	ated Employees (continue	ed)		
(A)	(B)	Position						(D)	(E)	(F)		
Name and title	Average	(de	o not c	Position not check more than one				Reportable compensation	Reportable compensation	Estimated amount of other		
	hours per week					s both or/truste		from the	from related	compensation		
	(list any hours for		-		_			organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and		
Publ	related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1030-WIGO)	(W Z loss miles)	related organizations		
	organizations below	dual	tion	4	emp	yee cyee	P.			ILJV		
	dotted line)	trus	물		oyee	omp						
		tee	ıstec		"	ensa						
(10) CUDIC EDICE	037		<u> </u>			<u>e</u>						
(12) CHRIS ERICKS	4.50											
CHAIR/EXEC COMMITTEE	0.00	X		x				0	0	0		
(13) DAVE FIELDS	0.00	^		Λ				0	0	0		
(13) DAVE FIELDS	1.00											
TRUSTEE	0.00	x						0	0	0		
(14) SCOTT GEORGE	0.00	1							ľ			
(==, 50011 010101	1.00											
TRUSTEE	0.00	X						0	0	0		
(15) MICHAEL HOPK												
	1.00											
TRUSTEE	0.00	X						0	0	0		
(16) OZ HUTTON												
	1.00											
TRUSTEE	0.00	X						0	0	0		
(17) BRENT LANGE												
	4.50											
EXECUTIVE COMMITTEE	0.00	X						0	0	0		
(18) ERIN LITVACK												
	1.00											
TRUSTEE	0.00	X						0	0	0		
(19) ABBY MURTAGH	4 50											
	4.50											
EXECUTIVE COMMITTEE	0.00	X						1,085,199	0	137,684		
1b Subtotal	ote to Dort VII							1,065,199		137,004		
 c Total from continuation she d Total (add lines 1b and 1c) 	ets to Part VII,	Sec	uon	Α				1,085,199		137,684		
2 Total number of individuals (ir	cluding but not	limite	ed to	thos	se lis	sted a	abov			137,004		
reportable compensation from					JO 110	olou (100	vo, mie roodivou mero uie	ar \$ 100,000 or			
										Yes No		
3 Did the organization list any fo									ted	3 X		
employee on line 1a? <i>If "Yes,</i> 4 For any individual listed on lin									n from the	3 A		
organization and related orga												
individual										4 X		
5 Did any person listed on line for services rendered to the or	1a receive or ac	crue	com	npen	satio	n fro	m a	iny unrelated organization	or individual	5 X		
Section B. Independent Contract		res,	COL	пріе	ie s	criea	uie	J for sucri person		5		
1 Complete this table for your fi		nanc	atad	inde	non	dent	con	tractors that received more	a than \$100,000 of			
compensation from the organi										year.		
Name and	(A) d business address							Descrir	(B) tion of services	(C) Compensation		
ORCHID.EVENTS LLC	a bacilloco addicoco				175	S	WE	EST TEMPLE, STE		- Componication		
SALT LAKE CITY	UI	. 8	41					AGT & ADMIN S		375,024		
MILES PARTNERSHIP,	LLP				139	52		ENVER WEST PARKW				
LAKEWOOD	CC	8 (04	01			N	MARKETING SVC	S	296,801		
2 Total number of independent received more than \$100,000									2			
received more than \$100,000	or compensatio	11 110	יווו נו	ie of	yanı	_au0l	ı 🚩		2	5 990 (2242)		

Pa	rt V			f Revenue edule O con	ntains	a respo	onse or no	te to any line in	this Part VIII		
		011001111			itaii io	и гооре	71100 01 110	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			1	1.5				Total Teveride	function revenue	business revenue	from tax under sections 512-514
9 6			h			0		Octu	oo	COR	3001013 312-314
rant	1a	Federated camp	oaigns		1a		$\mathbf{D}U$				JV
عَ ق	b	Membership du			1b						
fts, r A	С	Fundraising eve			1c						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz			1d						
ns, Sir	е	Government grants (d			1e		275,000				
ıtio ier	f	All other contributions,									
들		and similar amounts n			1f						
out	g	Noncash contributions				•		075 000			
<u>a</u>	h	Total. Add lines	1a–1	f				275,000			
_	_						Business Code	14 200 622	14 200 620		
<u>Ş</u>	2a			OURISM SERV	ICES		900099		14,280,632		
Program Service Revenue	b	TICKETING					900099	3,129,680 603,236	3,129,680 603,236		
E S	C			PMENT/MMBRS	HP		900099	183	183		
<u> </u>	d	MISCELLANE					900099	103	103		
풉	e										
		All other program Total. Add lines						18,013,731			
		Investment inco						10,013,731			
	•	other similar am	,	`	,	,		118,252			118,252
	4	Income from inv						110,101			220,202
	5	Royalties				•					
	-	,		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
		Net rental incom	ne or (loss)							
	7a	Gross amount from sales of assets		(i) Securities	s	(ii)	Other				
		other than inventory	7a								
ne	b	Less: cost or other									
Ver		basis and sales exps.	7b								
Other Revenue		Gain or (loss)	7с								
her		Net gain or (loss					>				
ŏ	8a	Gross income from		U							
		(not including \$									
		of contributions rep		on line 1c).							
	L	See Part IV, line 18			8a						
		Less: direct exp Net income or (8b						
		Gross income from	,	•	event	s 					
	Ja	See Part IV, line 19	-	ig activities.	9a						
	h	Less: direct exp			9b						
		Net income or (l	•				
		Gross sales of i	,			<u> </u>					
		returns and allo		•	10a		44,139				
	b	Less: cost of go			10b		36,956				
		Net income or (ventory	' <u>.</u>	>	7,183	7,183		
s		,					Business Code				
e 30n	11a										
ane	b										
Miscellaneous Revenue	С										
Mis	d	All other revenue									
	е	Total. Add lines	11a–	11d							
	12	Total revenue.	See i	nstructions				18,414,166	18,020,914	0	118,252

Form 990 (2019) VISIT SALT LAKE Part IX Statement of Functional Ex Statement of Functional Expenses

Sect	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												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses								
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	IIISPt			y								
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												
4	Benefits paid to or for members												
5	Compensation of current officers, directors, trustees, and key employees	329,235											
6	Compensation not included above to disqualified	329,233											
·	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	3,520,771											
8	Pension plan accruals and contributions (include	4-4-4-											
	section 401(k) and 403(b) employer contributions)	170,947											
9	Other employee benefits	446,421 278,326											
10 11	Payroll taxes Fees for services (nonemployees):	210,320											
a													
b		8,161											
С	Accounting	148,148											
d													
	Professional fundraising services. See Part IV, line 17	,											
	Investment management fees												
g	` "	600 704											
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	690,704 2,502,581											
13	Office expenses	322,804											
14	Information technology	548,861											
15	Royalties												
16	Occupancy	424,358											
17	Travel	126,506											
18	Payments of travel or entertainment expenses for any federal, state, or local public officials												
19		8,482,578											
20	Interest	3,102,010											
21	Payments to affiliates												
22	Depreciation, depletion, and amortization												
23	Insurance												
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If												
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O.)												
а	EDUCATION AND AWARENESS	1,073,757											
b													
С													
d		155 105											
e 25	All other expenses	155,137	^	0	0								
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	19,229,295	0	U	U								
	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)												

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1,550 1,550 Cash—non-interest-bearing 1,911,121 1,786,238 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 655,924 868,701 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 50,000 50,000 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 32,250 69,016 8 9 Prepaid expenses and deferred charges 513,873 259,354 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 181,008 b Less: accumulated depreciation 10b 26,008 155,000 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 4,000,000 4,000,000 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 7,164,718 7,189,859 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,467,131 1,912,605 17 Accounts payable and accrued expenses 17 18 Grants payable 18 423,921 19 Deferred revenue 19 818,717 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 26 Total liabilities. Add lines 17 through 25 1,891,052 26 2,731,322 Organizations that follow FASB ASC 958, check here Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 4,923,666 4,458,537 27 Net assets with donor restrictions 350,000 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 5,273,666 4,458,537 32 32 Total net assets or fund balances 7,164,718 7,189,859 33 Total liabilities and net assets/fund balances

Form **990** (2019)

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 on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form **990** (2019)

X

Schedule O.

Part VII	Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploye	ees,	and Highest Compensa	ted Employees (continue	d)			
١	(A) Name and title	(B) Average hours per week	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) timated a of othe compensa from th	er ation	
-	Publ	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ed orga	n and	
(20) JI	EFF OLPIN	1 00												
TRUSTEE		1.00	x						0	0				0
	ARAH PEARCE													
TRUSTEE		1.00	x						0	0				0
	HRISTINE RE	DGRAVE	^						0	0				
		4.50												_
	AS/EXECCOMM LAN RINDLIS	0.00	X		Х				0	0				0
		1.00												
TRUSTEE	DIENE DIE	0.00	X						0	0				0
(24) AI	DRIENNE RUD	ERMAN 1.00												
TRUSTEE		0.00	X						0	0				0
(25) R	IC TANNER	1.00												
TRUSTEE		0.00	X						0	0				0
(26) T2	AYLOR VRIENS	\$ 4.50												
CHAIR E	LECT/EXECCOMM	0.00	X		х				0	0				0
	EIL WILKINS	DN												
TRUSTEE		1.00	x						0	0				0
	al	•						>		· ·				
	rom continuation she	ets to Part VII,	Sec	tion	Α			>						
	add lines 1b and 1c) umber of individuals (ir	ncluding but not	limite	ed to	thos	se lis	sted a	▶ abo\	Lve) who received more that	<u> </u> ın \$100,000 of				
reportal	ble compensation from	the organization	n ▶						,				Yes	No
									yee, or highest compensa	ted			100	110
	ee on line 1a? <i>If "Yes,"</i> / individual listed on lin								on and other compensation	n from the		3		
	ation and related organ								complete Schedule J for			4		
5 Did any	person listed on line								ny unrelated organization					
	vices rendered to the o		Yes,	" cor	nple	te S	chea	ule	J for such person			5		
1 Comple	ete this table for your fi	ive highest comp							tractors that received more					
compe		(A) d business address	оттр	ensa	llion	101 1	ne c	alen	dar year ending with or wi	(B) tion of services	year.	Cor	(C)	
	Name and	Dusiness address							Везспр	uon or services		001	препоаш	<u>лі</u>
2 Total n	umber of independent	contractors (incl	uding	g but	not	limi	ted to	the	ose listed above) who					
receive	d more than \$100,000	of compensatio	n fro	m th	e or	gani	zatio	n 🕨	, , , , , , , , , , , , , , , , , , ,					

Pa	rt VII Section A. Officer	s, Directors, Tr	uste	es,	Key	Em	ploy	ees,	, and Highest Compensa	ted Employees (continue	d)		
	(A) Name and title Average hours per week (list any) hours for related organizations below dotted line) (B) Average hours per week (list any) hours for related organizations below dotted line) (C) Position (do not check more than of box, unless person is both officer and a director/trust In fluid on a line In trusted over the state of t				an	an compensation compensation and from the from related organization organizations			(F) Estimated amount of other compensation from the organization and related organizations				
		dotted line)	trustee	al trustee		oyee	ompensated					<i></i>	
(28) CLIFF DONER	14.00											
EXE	C VP/CFO	0.00			x				0	0			0
1b c d	Subtotal	eets to Part VII,	limite			<u>.</u>		► ► abo	ve) who received more that	n \$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin	" complete Sche	dule	Jf	or su	ich i	ndivi	dua	i			Yes	S No
	organization and related orga individual											4	
5	Did any person listed on line for services rendered to the o											5	
Secti 1	on B. Independent Contract Complete this table for your f		nene	atad	inde	non	dent	con	stractors that received more	a than \$100,000 of			
	compensation from the organ	ization. Report c							ndar year ending with or wi	ithin the organization's tax	year.	(C)	
	Name and	(A) d business address							Descrip	(B) tion of services		(C) Compens	sation
2	Total number of independent												
	received more than \$100,000	of compensation	n fro	m th	ne or	gani	zatio	n 🕨					

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2019

87-0415106 VISIT SALT LAKE Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(6) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

PAGE 1 OF 1

age **2**

Name of organization

Employer identification number

<u>VISI</u>	T SALT LAKE	87	-0415106
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	N/A	\$ 275,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part I	II.			
Nam	e of organization			Employer iden	tification number
	VISIT SALT LAKE			87-04151	06
Pa	rt I-A Complete if the organization is exer	npt under section 501	(c) or is a sec	tion 527 organiz	ation.
1	Provide a description of the organization's direct and indire	ect political campaign activities	s in Part IV. (see i	nstructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶\$	
3	Volunteer hours for political campaign activities (see instru				
Pa	t I-B Complete if the organization is exer				
1	Enter the amount of any excise tax incurred by the organic	zation under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 49	55	▶\$	
3	If the organization incurred a section 4955 tax, did it file Fe	orm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		()	11 =0.47 \(\)(0)	
Pa	t I-C Complete if the organization is exer	•		ction 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	·			
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	_			
_				▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. En		•		
	line 17b			▶ \$	□Vaa □ Na
4	Did the filing organization file Form 1120-POL for this year				Tes INO
5	Enter the names, addresses and employer identification n	, ,		-	
	organization made payments. For each organization listed	•	0 0		
	the amount of political contributions received that were pro			-	1
	as a separate segregated fund or a political action commit				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(.,					
(2)					
` ,					
(3)					
` ,					
(4)					
. ,					
(5)					
. ,					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

87-0415106

Schedule C (Form 990 or 990-EZ) 2019 VISI	I SALI LAN	.C.		0/-041310	Page Z
Part II-A Complete if the organ	nization is exem	ıpt under sectioi	n 501 (c)(3) an	d filed Form 5768	3 (election under
section 501(h)).		- CCU: - 4 1 / /	-1 1:-4 : D4 N/		
A Check ▶ ☐ if the filing organization address, EIN, expens	•	• ' '		each ailliated group	members name,
B Check if the filing organization		, ,		nnly	NO 1 /
	bbying Expend		, provisions a	(a) Filing	(b) Affiliated
(The term "expenditures"	means amounts	paid or incurred.)		organization's totals	group totals
1a Total lobbying expenditures to influence					
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a	and 1b)				
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the a	amount from the follo	wing table in both			
columns.	io. The lebbying n	antavable amount is:			
If the amount on line 1e, column (a) or (b) Not over \$500,000	20% of the amou	ontaxable amount is:			
Over \$500,000 but not over \$1,000,000		5% of the excess over \$5	500 000		
Over \$1,000,000 but not over \$1,500,000		0% of the excess over \$			
Over \$1,500,000 but not over \$17,000,000	<u> </u>	% of the excess over \$1,			
Over \$17,000,000	\$1,000,000.				
g Grassroots nontaxable amount (enter 25	% of line 1f)				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or le					
j If there is an amount other than zero on					
reporting section 4911 tax for this year?					Yes No
	•	ing Period Under	•	•	
(Some organizations that made	•	•	-		olumns below.
5	ee the separate i	nstructions for lir	ies za througr	1 ZT.)	
Lo	bbying Expendit	ures During 4-Yea	ar Averaging P	eriod	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
J J ,					
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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Page	

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).	OT file	ed F	orm 5768
		(a	1)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
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			Py
	referendum, through the use of:			
	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	Media advertisements?			
	Mailings to members, legislators, or the public?			
	Publications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes?			
	Direct contact with legislators, their staffs, government officials, or a legislative body?			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	Other activities?			
2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	15 (0.4 - 7) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5	5). o	r section
	501(c)(6).	(-/(-	,,	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year			3 X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 50			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	UR	(D) F	'art III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	333,302
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		-	333,332
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	27,000
b	Carryover from last year		2b	42,650
С			2c	69,650
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	19,998
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	49,652
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	t IV Supplemental Information			
Prov	de 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);	art II-A,	lines	1 and
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.			

Schedule C (Form	990 or 990-EZ) 2019	VISIT SALT Information (cor	LAKE		87-0415106	Page 4
raitiv	Supplemental	information (cor	ilinaea)			
	ubl	ic Ir	ISPE	ection	n Cop) /
			• • • • • • • • • • • • • • • • • • • •			

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

87-0415106 VISIT 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 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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, 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 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990. Part X.

Part IV Carponizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedule D (Form 990) 2019 VISIT SZ				87-04151			Page 2
a Public collibion d Loan or exchange program b Schodarly research d Loan or exchange program c Presented an description of the organization's collections and explain how they further the organization's exempt purpose in Pair	Part III Organizations Maintaini	ng Collections o	of Art, Historica	I Treasures	s, or Other S	<u>imilar As</u>	sets (col	ntinued)
b		ssion, and other record	ds, check any of the	following that	make significant	use of its		
b	a Public exhibition	■ d	Loan or exchange p	orogram				
c	H 1 1 1 1 1 1 1 1 1			tio				7
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization collect or receive donations of set, historical fressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, frustee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning behance 1d Additions during the year 1d Additions during the year 1e Distributions during the year 1f Ending behance 2 Distributions during the year 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year behance 1b Completions 1c Neith revealment learnings, gains, and losses 1c Neith revealment learnings, gains, and losses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-andowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment hands not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organization						77(*)		,
XII Soluting the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collections and explai	in how they further t	he organization	n's exempt purpo	se in Part	\smile y	
5 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?		oonoonono anta oxpian		o.gaa.o.	. o oxiopr papo.	70		
Basels to be sold to raise funds rather than to be maintained as part of the organization?		it or receive donations	of art historical tre	asures or othe	er similar			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	3 , , 3						□ vo	e 🗆 No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves			part of the organize	diorro concodo			.	<u> </u>
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Prives, explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Distributions durin			s" on Form 990	Part IV/ lin	e 0 or report	ed an amo	ount on F	-orm
1a Is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990. Part XIII and complete the following table:		ion answered Te	3 0111 01111 990	, raitiv, iii	ie 9, or report	su an and	Julit Oll I	OIIII
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		adian ar athar interna	diant for contribution	other	ata nat			
c Beginning balance			•				□ v _a	- 🗆 Na
c Beginning balance d Additions during the year e Distributions during the year 1 te 1 finding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions Contributions Contributions 1b Contributions Contributions Contributions Contributions Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization b; (i) Unrelated organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 2 Provide in Part XIII the intended uses of the organizations endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumidated (d) Book value (greedinger) (presentation) (pre							🗀 те	s No
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e Distributions during the year 1e If If If If If If If I	c Beginning balance							
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	2a Did the organization include an amount or	n Form 990, Part X, lir	ne 21, for escrow or	custodial acco	unt liability?		∐ Ye	s 📙 No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	b If "Yes," explain the arrangement in Part X	(III. Check here if the	explanation has bee	n provided on	Part XIII			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (e) Four years back (b) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years have years ha								
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Iine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	line :	25.			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		uist equal Form 900 Part V col (P) line 25 \			
			notnote to the organization's	financial statements that rev	oorts the

Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retu	rn.
	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	18,451,122
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		M/
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d		6	
е	Add lines 2a through 2d	2e	36,956
3	Subtract line 2e from line 1	3	18,414,166
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,414,166
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	19,266,251
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b			
С	Other losses 2c		
d		6	
е	Add lines 2a through 2d	2e	36,956
3	Subtract line 2e from line 1	3	19,229,295
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	: Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	19,229,295
	art XIII Supplemental Information.		
	vide 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, lin	e 4; Part	X, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
P	ART X - FIN 48 FOOTNOTE		
A	SC TOPIC 740, INCOME TAXES, PROVIDES GUIDANCE ON HOW UNC	ERTAI	N TAX
P	OSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND P	RESEN	ITED IN THE
F	'INANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION BY MAN	AGEME	NT OF TAX
P	OSITIONS TAKEN OR EXPECTED TO BE TAKEN IN PREPARATION OF	THE	
0	RGANIZATION'S TAX RETURNS TO DETERMINE IF HTE POSITIONS	ARE I	MORE-LIKELY-
T	HAN-NOT OF BEING SUSTAINED IF EXAMINED BY THE TAXING AU	THOR	ITIES.
M	IANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME T	AX P	DSITIONS. TAX
Y	EARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2016 AND FOR	WARD.	
P	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS	- O	THER
C	OST OF GOODS SOLD SHOWN IN REVENUE	Ş	36,956

Schedule D	(Form	990) 2019	VISI	T SALI	' LAI	KE			87-04	115106		Page 5
Part XI	II Sı	ıppleme	ntal Info	T SALT	(contin	nued)						
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COST	OF	GOODS	SOLD	SHOWN	IN	REVENUE	00	LIV		\$	36	,956
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SCHEDULE J (Form 990)

Compensation Information

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

2019

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Attach to Form 990.

So to www.irs.gov/Form990 for instructions and the latest information.

Inspec

Open to Public Inspection

OMB No. 15/15-00/17

Employer identification number Name of the organization 87-0415106 SALT LAKE VISIT Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to X explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line X 2 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

VISIT SALT LAKE Schedule J (Form 990) 2019

87-0415106

Page 2

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 aren't listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Part II

(A) Name and Title	(B) Breakdown of (I) Base compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base (II) Borus & incentive (iii) Other compensation compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
SCOTT BECK	0 237,515	64,671	0	9,787	17,262	329,235	
1 PRESIDENT & CEO	:		0	0	0	0	
MARK WHITE	178,874	35,498	0	6,781	20,920	242,073	0
2 SENIOR VP (ii)			0	0	0	0	0
JEFF GASSAWAY (1)	129,085	35,194	0	3,939	1,781	169,999	0
3 DIRECTOR OF SALES (ii)			0	0	0	0	0
JAMES THOMPSON (1)	160,011	21,998	0	4,877	24,350	161,316	0
4 VP OF MARKETING (ii)			0	0	0	0	0
SALLY O'NEILL	117,711	32,439	0	4,653	15,339	160,142	0
5 DIRECTOR OF SALES (ii)			0	0		0	0
TYSON LYBERT (1)	111,202	20,921	0	4,817	23,178	160,118	0
SALES	:		0	•	0		0
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((i))							
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Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019 VISIT SALT	Part III Supplemental Information Provide the information, explanation, or descriptions required	for any additional information.	: :	:		:	:	:			:	:	:	:			:	:	:	1
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open To Public Inspection

Employer identification number Name of the organization

	VISIT SALT LAKE						87-0	_								
Part I	Excess Benefit Transaction															
_	Complete if the organization answere			_			b, or Form 990-EZ, Part V, line 40b.						(d) Corrected?			
1	(a) Name of disqualified person	(b) Relation	nship between disqu		d pers	son and	(c) Description of transaction						ted?			
			organization				+									
<u>(1)</u>																
(2)																
(3) (4)																
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	e amount of tax incurred by the organiz	zation manage	ers or disqualifie	ed b	erso	ns during the vea	nr									
under se	ection 4958							▶ \$	§							
3 Enter the	e amount of tax, if any, on line 2, above	e, reimbursed	by the organiza	ation	١			▶ \$	§							
Part II	Loans to and/or From Inter	ested Pers	ons.													
	Complete if the organization answere	ed "Yes" on Fo	rm 990-EZ, Pa	art V	, line	38a or Form 99	0, Part IV, line 26	3; or i	if the							
	organization reported an amount on l															
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		Loan from	(e) Original principal amount	(f) Balance due	(g) In	default'	(h) Approved by board or		(i) W agree				
				the	org.?					comn	nittee?	_	1			
				То	From			Yes	No	Yes	No	Yes	No			
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Part III	Grants or Assistance Bene	fiting Inter	ested Pers	ons	<u> </u>	, ,										
	Complete if the organization answere	_				7.										
	(a) Name of interested person	(b) Relations	ship between interes	sted	(c) A	mount of assistance	(d) Type of assistance		(e)	Purpos	e of ass	sistance				
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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.

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

VISIT SALT LAKE

Employer identification number 87-0415106

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED THE ORGANIZATION ENTERED INTO AN "OFFICE SHARING AND SERVICES" AGREEMENT WITH ORCHID. EVENTS LLC (ORCHID). THE MANAGEMENT SERVICES PROVIDED BY ORCHID TO THE ORGANIZATION INCLUDE CFO, EXECUTIVE VICE PRESIDENT, AND HUMAN RESOURCES SERVICES. CLIFF DONER IS A 70% OWNER OF ORCHID AND PROVIDED THE CFO AND EXECUTIVE VICE PRESIDENT SERVICES TO THE ORGANIZATION. HE IS LISTED AS AN OFFICER ON PART VII. THE ORGANIZATION PAID ORCHID APPROXIMATELY \$88,223 FOR THE SERVICES PROVIDED BY CLIFF DONER. THIS AMOUNT INCLUDED ABOUT \$66,923 OF REPORTABLE COMPENSATION, \$19,112 OF BENEFITS, AND \$5,197 FOR EMPLOYMENT TAXES. IN ADDITION TO THE MANAGEMENT SERVICES, ORCHID ALSO PROVIDES OFFICE SHARING, ACCOUNTING, PAYROLL, AND IT SERVICES TO THE ORGANIZATION. THE TOTAL AMOUNT PAID TO ORCHID FOR 2019 IS REPORTED ON PART VII, SECTION B AND PART IV OF SCHEDULE L.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

MEMBERS ARE MADE UP OF OWNERS AND/OR MANAGERS OF BUSINESSES IN THE SALT

LAKE COUNTY HOSPITALITY COMMUNITY.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE MEMBERS ELECT THE BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES

ESTABLISHES THE BYLAWS FOR THE ORGANIZATION AND ELECTS AN EXECUTIVE

COMMITTEE TO ACT IN PLACE OF THE BOARD OF TRUSTEES TO ESTABLISH POLICIES

AND PROCEDURES FOR THE ORGANIZATION AND TO ASSURE THAT SUCH POLICIES AND PROCEDURES ARE IMPLEMENTED.

VISIT SALT LAKE

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FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS INDIRECTLY, YES, BECAUSE THE MEMBERS ELECT THE BOARD OF TRUSTEES WHO IN TURN ELECTS THE EXECUTIVE COMMITTEE WHO MAKES DECISIONS REGARDING THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS FIRST REVIEWED BY THE CONTROLLER AND CFO OF THE

ORGANIZATION. THE FORM 990 IS THEN PRESENTED TO THE FINANCE COMMITTEE, A

SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE (THE ORGANIZATION'S GOVERNING

BODY). THE FINANCE COMMITTEE REVIEWS THE 990 AND REPORTS TO THE EXECUTIVE

COMMITTEE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION REVIEWS COMPLIANCE WITH THE POLICY AND REMINDS MEMBERS OF

THE EXECUTIVE COMMITTEE OF THE POLICY AT SCHEDULED MEETINGS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF THE PRESIDENT ON AN
ANNUAL BASIS. THE PRESIDENT REVIEWS THE COMPENSATION OF KEY EMPLOYEES ON AN
ANNUAL BASIS. THE COMPENSATION COMMITTEE AND PRESIDENT COMPARE SALARIES OF
OTHER CONVENTION AND VISITORS BUREAUS USING SALARY DATA OBTAINED FROM THE
WESTERN ASSOCIATION OF CONVENTION AND VISITORS BUREAU AND DESTINATION
MARKETING ASSOCIATION INTERNATIONAL. THE SALARY THAT IS DETERMINED AS A
RESULT OF THIS ANALYSIS IS DOCUMENTED USING AN INTERNAL FORM CALLED A
"PERSONNEL ACTION FORM". THE PERSONNEL ACTION FORM IS SIGNED BY THE
PRESIDENT FOR APPROVING SALARIES OF KEY EMPLOYEES AND THE PERSONNEL ACTION
FORM IS SIGNED BY THE CHAIRMAN OF THE COMPENSATION COMMITTEE FOR APPROVING

THE SALARY OF THE PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF THE PRESIDENT ON AN ANNUAL BASIS. THE PRESIDENT REVIEWS THE COMPENSATION OF KEY EMPLOYEES ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE AND PRESIDENT COMPARE SALARIES OF OTHER CONVENTION AND VISITORS BUREAUS USING SALARY DATA OBTAINED FROM THE WESTERN ASSOCIATION OF CONVENTION AND VISITORS BUREAU AND DESTINATION MARKETING ASSOCIATION INTERNATIONAL. THE SALARY THAT IS DETERMINED AS A RESULT OF THIS ANALYSIS IS DOCUMENTED USING AN INTERNAL FORM CALLED A "PERSONNEL ACTION FORM". THE PERSONNEL ACTION FORM IS SIGNED BY THE PRESIDENT FOR APPROVING SALARIES OF KEY EMPLOYEES AND THE PERSONNEL ACTION FORM IS SIGNED BY THE CHAIRMAN OF THE COMPENSATION COMMITTEE FOR APPROVING THE SALARY OF THE PRESIDENT. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION COST OF GOODS SOLD SHOWN IN REVENUE 36,956 COST OF GOODS SOLD SHOWN IN REVENUE