

**2018 Exempt Org. Return**  
prepared for:

**CANYONLANDS FIELD INSTITUTE, INC.**  
PO BOX 68  
MOAB, UT 84532

**Larson & Company, PC**  
285 South 400 East  
Moab, UT 84532

May 27, 2020

**CONFIDENTIAL**

CANYONLANDS FIELD INSTITUTE, INC.  
PO BOX 68  
MOAB, UT 84532

Dear Karla:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Gordon E. Beh  
Larson & Company, PC

## **Filing Instructions**

### **CANYONLANDS FIELD INSTITUTE, INC.**

#### **Exempt Organization Tax Return**

#### **Taxable Year Ended September 30, 2019**

**Date Due:** August 17, 2020

**Remittance:** None is required. Your Form 990 for the tax year ended 9/30/19 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Larson & Company, PC  
285 South 400 East  
Moab, UT 84532

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **10/01/18**, and ending **09/30/19**

87-0418027

### CANYONLANDS FIELD INSTITUTE, INC.

**Net Asset / Fund Balance at Beginning of Year** 5,430,824

#### Revenue

Contributions	<b>235,203</b>
Program service revenue	<b>376,694</b>
Investment income	<b>2,698</b>
Capital gain / loss	<b>-1,955</b>

#### Fundraising / Gaming:

Gross revenue \_\_\_\_\_

Direct expenses \_\_\_\_\_

Net income \_\_\_\_\_

Other income **28,551**

**Total revenue** **641,191**

#### Expenses

Program services	<b>612,866</b>
Management and general	<b>229,915</b>
Fundraising	<b>82,861</b>

**Total expenses** **925,642**

**Excess / (deficit)** **-284,451**

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** **5,146,373**

#### Reconciliation of Revenue

Total revenue per financial statements \_\_\_\_\_

Less:

Unrealized gains \_\_\_\_\_

Donated services \_\_\_\_\_

Recoveries \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total revenue per return** **641,191**

#### Reconciliation of Expenses

Total expenses per financial statements \_\_\_\_\_

Less:

Donated services \_\_\_\_\_

Prior year adjustments \_\_\_\_\_

Losses \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total expenses per return** **925,642**

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<b>5,563,564</b>	<b>5,268,783</b>	
Liabilities	<b>132,740</b>	<b>122,410</b>	
Net assets	<b>5,430,824</b>	<b>5,146,373</b>	<b>-284,451</b>

#### Miscellaneous Information

Amended return \_\_\_\_\_

Return / extended due date **08/17/20**

Failure to file penalty \_\_\_\_\_

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending 9/30, 20 19**u Do not send to the IRS. Keep for your records.  
u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2018**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**CANYONLANDS FIELD INSTITUTE, INC.**

Employer identification number

**87-0418027**

Name and title of officer

**ROBERT GREENBERG  
SECRETARY****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>641,191</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize LARSON & COMPANY, PC to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **05/15/20****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**87402812345****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **GORDON E. BEH**Date } **05/15/20****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2018)

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **CANYONLANDS FIELD INSTITUTE, INC.**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **PO BOX 68**  
 City or town, state or province, country, and ZIP or foreign postal code: **MOAB UT 84532**

**D** Employer identification number: **87-0418027**  
**E** Telephone number: **435-259-7750**  
**G** Gross receipts \$: **675,306**

**F** Name and address of principal officer:  
**ROBERT GREENBERG**  
**453 EAST CENTER STREET**  
**MOAB UT 84532**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( )  t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CFIMOAB.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1984** **M** State of legal domicile: **UT**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE UNDERSTANDING AND APPRECIATION OF THE COLORADO PLATEAU ENVIRONMENT THROUGH EDUCATIONAL PROGRAMS IN NATURAL AND CULTURAL HISTORY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>32</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,112,667</b>	<b>235,203</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>340,019</b>	<b>376,694</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-2,315</b>	<b>743</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,488,223</b>	<b>641,191</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>416,502</b>	<b>498,130</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>82,861</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>440,508</b>	<b>427,512</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>857,010</b>	<b>925,642</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>631,213</b>	<b>-284,451</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,563,564</b>	<b>5,268,783</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>132,740</b>	<b>122,410</b>
		<b>5,430,824</b>	<b>5,146,373</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **ROBERT GREENBERG** Date: \_\_\_\_\_  
 Type or print name and title: **SECRETARY**

**Paid Preparer Use Only**

Print/Type preparer's name: **GORDON E. BEH** Preparer's signature: **GORDON E. BEH** Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00043633**

Firm's name: **LARSON & COMPANY, PC** Firm's EIN: **87-0516083**  
 Firm's address: **285 SOUTH 400 EAST MOAB, UT 84532** Phone no.: **435-259-9100**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**TO PROMOTE UNDERSTANDING AND APPRECIATION OF THE COLORADO PLATEAU ENVIRONMENT THROUGH EDUCATIONAL PROGRAMS IN NATURAL AND CULTURAL HISTORY.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **612,866** including grants of \$ ) (Revenue \$ )

**CFI PROMOTES UNDERSTANDING AND APPRECIATION OF THE COLORADO PLATEAU ENVIRONMENT THROUGH EDUCATIONAL PROGRAMS IN NATURAL AND CULTURAL HISTORY.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u 612,866**

**Part IV Checklist of Required Schedules**

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



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>1a</b>	<b>11</b>
<b>1b</b>	<b>0</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b>   32		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 10		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 10		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **UT**
- 18** 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     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**LARSON AND COMPANY**  
**MOAB**

**285 S 400 E**

**UT 84532**

**435-259-9100**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUE BELLAGAMBA	3.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) ROBERT GREENBERG	2.00									
SECRETARY	0.00	X		X			0	0	0	
(3) DR ROSLYNN BRAIN MCCANN	2.00									
TRUSTEE	0.00	X					0	0	0	
(4) DIANE HANSON	2.00									
TRUSTEE	0.00	X					0	0	0	
(5) JOHN GROO	2.00									
TREASURER	0.00	X		X			0	0	0	
(6) DR. DEE GARCEAU	2.00									
TRUSTEE	0.00	X					0	0	0	
(7) XANDRA ODLAND	2.00									
TRUSTEE	0.00	X					0	0	0	
(8) RYAN ANDERSON	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(9) TOM REES	2.00									
TRUSTEE	0.00	X					0	0	0	
(10) WALT DABNEY	2.00									
TRUSTEE	0.00	X					0	0	0	
(11)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	8,601			
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	43,408			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	183,194			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	235,203			
	<b>Program Service Revenue</b>		<b>Busn. Code</b>			
<b>2a</b> EDUCATION PROGRAMS			361,694	361,694		
<b>b</b> CCR LEASE INCOME			15,000	15,000		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	376,694			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	2,698	2,698		
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real	19,810			
		(ii) Personal	3,556			
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)	19,810	3,556			
	<b>d</b> Net rental income or (loss)	<b>u</b>	23,366	23,366		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	15,147			
		(ii) Other	11,898			
	<b>b</b> Less: cost or other basis & sales exps.	29,000				
	<b>c</b> Gain or (loss)	-13,853	11,898			
	<b>d</b> Net gain or (loss)	<b>u</b>	-1,955	-1,955		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	3,902				
	<b>b</b> Less: cost of goods sold	5,115				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	-1,213			-1,213	
Miscellaneous Revenue	<b>Busn. Code</b>					
<b>11a</b> BENEFIT		3,451	3,451			
<b>b</b> EQUIPMENT SALE		1,346	1,346			
<b>c</b> OTHER INCOME		1,022	1,022			
<b>d</b> All other revenue		579	579			
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	6,398				
<b>12 Total revenue.</b> See instructions.	<b>u</b>	641,191	407,201	0	-1,213	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>424,642</b>	<b>310,682</b>	<b>63,075</b>	<b>50,885</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>37,351</b>	<b>27,731</b>	<b>5,449</b>	<b>4,171</b>
<b>10</b> Payroll taxes	<b>36,137</b>	<b>27,601</b>	<b>4,769</b>	<b>3,767</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>3,666</b>	<b>3,363</b>	<b>303</b>	
<b>c</b> Accounting	<b>7,825</b>		<b>7,825</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>14,101</b>	<b>11,997</b>	<b>44</b>	<b>2,060</b>
<b>13</b> Office expenses	<b>12,657</b>	<b>2,576</b>	<b>4,548</b>	<b>5,533</b>
<b>14</b> Information technology	<b>12,365</b>	<b>5,320</b>	<b>3,002</b>	<b>4,043</b>
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>84,438</b>	<b>51,567</b>	<b>31,871</b>	<b>1,000</b>
<b>17</b> Travel	<b>9,406</b>	<b>6,571</b>	<b>1,823</b>	<b>1,012</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>1,855</b>	<b>1,321</b>	<b>534</b>	
<b>20</b> Interest	<b>2,796</b>	<b>2,399</b>	<b>397</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>94,601</b>		<b>94,601</b>	
<b>23</b> Insurance	<b>46,128</b>	<b>43,590</b>	<b>2,203</b>	<b>335</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES &amp; REPAIRS</b>	<b>101,437</b>	<b>92,889</b>	<b>386</b>	<b>8,162</b>
<b>b</b> <b>FEES &amp; LICENSES</b>	<b>10,553</b>	<b>9,973</b>	<b>580</b>	
<b>c</b> <b>BANK MERCHANT FEES</b>	<b>8,486</b>	<b>6,303</b>	<b>1,719</b>	<b>464</b>
<b>d</b> <b>TELEPHONE</b>	<b>4,350</b>	<b>4,237</b>	<b>113</b>	
<b>e</b> All other expenses	<b>12,848</b>	<b>4,746</b>	<b>6,673</b>	<b>1,429</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>925,642</b>	<b>612,866</b>	<b>229,915</b>	<b>82,861</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	13,996	1	46,877
	2	Savings and temporary cash investments	522,911	2	187,171
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	363	4	6,096
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,487	8	7,655
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,141,262		
	b	Less: accumulated depreciation	10b 206,886	10c 4,932,312	4,934,376
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	87,495	15	86,608
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,563,564	16	5,268,783	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	11,159	17	15,067
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	58,529	23	41,036
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	63,052	25	66,307
	26	<b>Total liabilities.</b> Add lines 17 through 25	132,740	26	122,410
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	4,857,679	27	4,959,202
	28	Temporarily restricted net assets	573,145	28	187,171
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	5,430,824	33	5,146,373	
34	<b>Total liabilities and net assets/fund balances</b>	5,563,564	34	5,268,783	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>641,191</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>925,642</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-284,451</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>5,430,824</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,146,373</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**CANYONLANDS FIELD INSTITUTE, INC.**

Employer identification number

**87-0418027**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	209,584	27,693	232,244	1,146,229	235,203	1,850,953
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	292,316	105,139	360,459	351,907	409,156	1,518,977
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	8,916	5,460	6,979	3,221	3,902	28,478
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	510,816	138,292	599,682	1,501,357	648,261	3,398,408
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	134,411	7,000	144,542	1,022,453	112,150	1,420,556
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	71,884	35,549	116,148	31,756	122,118	377,455
<b>c</b> Add lines 7a and 7b	206,295	42,549	260,690	1,054,209	234,268	1,798,011
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,600,397

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	510,816	138,292	599,682	1,501,357	648,261	3,398,408
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	201					201
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	201					201
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	511,017	138,292	599,682	1,501,357	648,261	3,398,609
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	47.09 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	45.21 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SUPPLEMENTAL INFORMATION**

THE MOST RECENTLY FILED RETURN WAS FOR 10/01/17 TO 09/30/18. THE TAX YEAR ENDING WAS CHANGED FROM 06/30 TO 09/30 WITH THE YEAR ENDING 9/30/16. THUS, THE PRIOR FOUR RETURNS SHOWN ON SCHEDULE A, PART III HAVE YEAR ENDS OF 9/30/17, 9/30/16, 6/30/15 AND 6/30/14.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2018****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

Employer identification number

**CANYONLANDS FIELD INSTITUTE, INC.****87-0418027**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (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 foundationCheck 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**

- 
- 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 33<sup>1</sup>/<sub>3</sub>% 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 ..... ► \$ .....

**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).

Name of organization

**CANYONLANDS FIELD INSTITUTE, INC.**

Employer identification number

**87-0418027**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>JENNIFER SPEERS</b> <b>867 SIMPSON AVENUE</b>  <b>SALT LAKE CITY UT 84106</b>	\$ <b>40,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>VAL A BROWNING FOUNDATION</b> <b>100 W LIBERTY ST SUITE 890</b>  <b>RENO NV 89501</b>	\$ <b>24,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>DAVID BONDERMAN</b> <b>TEXAS PACIFIC GROUP</b> <b>301 COMMERCE ST. SUITE 3300</b>  <b>FT WORTH TX 76102</b>	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>GRAND CONSERVATION DISTRICT</b> <b>530 SOUTH 400 EAST</b>  <b>MOAB UT 84532</b>	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>VINCENT &amp; ANNE MAI</b> <b>50 CORNWALL LANE</b>  <b>PORT WASHINGTON NY 11050</b>	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>NATURE BRIDGE</b> <b>28 GEARY STREET, SUITE 650</b>  <b>SAN FRANCISCO CA 94108</b>	\$ <b>8,717</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CANYONLANDS FIELD INSTITUTE, INC.**

Employer identification number

**87-0418027**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NATURAL RESOURCE CONSERVATION SERVIC 1400 INDEPENDENCE AVE. SW ROOM 6121-S WASHINGTON DC 20250	\$ 33,408	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GEORGE ECCLES FOUNDATION 79 SOUTH MAIN STREET #1400 SALT LAKE CITY UT 84111	\$ 27,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BLM YOUTH PARTNERSHIP C/O JENNIFER JONES MOAB FIELD OFFICE 82 E DOGWOOD AVE MOAB UT 84532	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CANYONLANDS FIELD INSTITUTE, INC.

Employer identification number

87-0418027

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d... 2a Total number of conservation easements (1), 2b Total acreage restricted by conservation easements (31.00), 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located (1), 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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 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? Yes No

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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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 Temporarily restricted 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 by:

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's 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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u 4,934,376

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>WAGES PAYABLE</b>	<b>25,894</b>	
(3) <b>CREDIT CRDS</b>	<b>15,783</b>	
(4) <b>LINE OF CREDIT</b>	<b>15,200</b>	
(5) <b>PAYROLL TAXES PAYABLE</b>	<b>9,425</b>	
(6) <b>ROUNDING</b>	<b>5</b>	
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>66,307</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

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

**PART II, LINE 5 - MONITORING AND ENFORCEMENT POLICY**

**PART II, LINE 5 - MONITORING AND ENFORCEMENT POLICY**

**WRITTEN POLICY HELD BY UTAH OPEN LANDS.**

**PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS**

**THE CONSERVATION EASEMENT IS ADMINISTERED BY UTAH OPEN LANDS AND ALL DOCUMENTS ARE HELD BY THEM. CANYONLANDS FIELD INSTITUTE DOES NOT ISSUE FINANCIAL STATEMENTS.**

**ADDITIONALLY A CONSERVATION AGREEMENT WAS ENTERED INTO BY CFI WITH PETER LAWSON AND ANNE WILSON. THIS PARTY OWNS PROPERTY ADJOINING THE ORGANIZATIONS PROFESSOR VALLEY FIELD CAMP. THE AGREEMENT RESTRICTS**



**Part XIII** Supplemental Information *(continued)*

EDUCATIONAL ACTIVITIES BY SEASON, CLIENT DAYS, GROUP SIZR, AND  
PURPOSE. ADDITIONAL RESTRICTIONS ON BUILDINGS ARE INCLUDED. A FEE WAS  
PAID FOR THESE RESTRICTIONS IN 2017. THE PARTY ALSO MADE A SIGNIFICANT  
CONTRIBUTION.

Department of the Treasury  
 Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

**u** 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.

**u** Attach to Form 990 or Form 990-EZ.

**u**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open To Public Inspection

**CANYONLANDS FIELD INSTITUTE, INC.**

Employer identification number

**87-0418027**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **u** \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

**Total** ..... **u** \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**CANYONLANDS FIELD INSTITUTE, INC.**

Employer identification number

**87-0418027**

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

FORM 990 IS PREPARED BY OUR CPA FIRM. DRAFTS ARE THEN REVIEWED BY THE

EXECUTIVE DIRECTOR AND STAFF RESPONSIBLE FOR ACCOUNTS RECEIVABLE AND

PAYABLE IN ADDITION TO APPOINTED MEMBERS OF THE FINANCE COMMITTEE. A FINAL

REVIEW IS CONDUCTED BY THE CPA FIRM THAT PREPARES THE ANNUAL REVIEW/AUDIT

OF OUR FINANCIAL STATEMENTS. AN OFFICER OF THE CFI BORAD THEN SIGNS THE

RETURN.

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

YES. THIS IS DONE IN BOARD RECRUITMENT AND ORIENTATION AND REVISTED AT THE

ANNUAL MEETING OF THE BOARD OF TRUSTEES.

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

THE FINANCE COMMITTEE REVIEWS COMPENSATION OF COMPARABLE POSITIONS IN

ORGANIZATIONS IN THE IMMEDIATE AREA.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL POSITIONS ON THE BOARD OF TRUSTEES ARE VOLUNTARY. NO COMPENSATION IS

PAID.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST AT THE ORGANIZATIO

NS OFFICE.

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)  
 Name(s) shown on return

**Depreciation and Amortization**  
 (Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**

Attachment Sequence No. **179**

**CANYONLANDS FIELD INSTITUTE, INC.**

Identifying number  
**87-0418027**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	87,595

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	56
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	6,945
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	94,596
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: '13 FORD EXPEDITION 07/25/16 100.00% 34,725 34,725 5.0 S/L- 6,945 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 6,945 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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## Tax Asset Detail 10/01/18 - 9/30/19

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FYE: 9/30/2019

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>												
<b>Group: Automobiles/Trans. Equip</b>												
58	d	04 FORD F350 CREW CAB	7/06/11	8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00	S/L	7.00
70		2 FLATBED TRAILERS	4/25/13	2,000.00	0.00	0.00	1,547.61	285.71	1,833.32	166.68	S/L	7.00
74		CARGO TRAILER	11/15/13	1,500.00	0.00	0.00	1,053.58	214.29	1,267.87	232.13	S/L	7.00
85		'13 FORD EXPEDITION	7/25/16	34,725.00	0.00	0.00	15,047.50	6,945.00	21,992.50	12,732.50	S/L	5.00
91		2017 Chev Van	3/21/17	41,292.90	0.00	0.00	12,387.87	8,258.58	20,646.45	20,646.45	S/L	5.00
92		Trailer	8/25/17	2,600.00	0.00	0.00	402.38	371.43	773.81	1,826.19	S/L	7.00
93		2018 FORD F250 TRUCK	8/16/18	41,765.75	0.00	0.00	1,044.14	8,353.15	9,397.29	32,368.46	S/L	5.00
149		'20 FORD TRANSIT VAN T-350 1	9/30/19	51,088.75	0.00c	0.00	0.00	0.00	0.00	51,088.75	S/L	5.00
<b>Automobiles/Trans. Equip</b>				183,172.40	0.00c	0.00	39,683.08	24,428.16	64,111.24	119,061.16		
<b>*Less: Dispositions and Transfers</b>				8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00		
<b>Net Automobiles/Trans. Equip</b>				174,972.40	0.00c	0.00	31,483.08	24,428.16	55,911.24	119,061.16		
<b>Group: Building</b>												
96		Ranch House	7/21/17	80,000.00	0.00	0.00	2,393.16	2,051.28	4,444.44	75,555.56	S/L	39.00
98		Bunkhouse	7/21/17	120,000.00	0.00	0.00	3,589.74	3,076.92	6,666.66	113,333.34	S/L	39.00
99		Equipment Shed	7/21/17	30,000.00	0.00	0.00	897.44	769.23	1,666.67	28,333.33	S/L	39.00
100		Hay Barn	7/21/17	80,000.00	0.00	0.00	2,393.16	2,051.28	4,444.44	75,555.56	S/L	39.00
<b>Building</b>				310,000.00	0.00c	0.00	9,273.50	7,948.71	17,222.21	292,777.79		
<b>Group: CAMP RELOCATION</b>												
145		SITE DESIGN	6/30/12	2,858.42	0.00	0.00	1,191.02	190.56	1,381.58	1,476.84	S/L	15.00
146		MOVE FROM BLM TO TAYLOR	11/07/13	13,477.60	0.00	0.00	4,267.92	898.51	5,166.43	8,311.17	S/L	15.00
147		BLM RESTORATION	12/01/14	953.00	0.00	0.00	243.58	63.53	307.11	645.89	S/L	15.00
<b>CAMP RELOCATION</b>				17,289.02	0.00c	0.00	5,702.52	1,152.60	6,855.12	10,433.90		
<b>Group: Furniture and Fixtures</b>												
9		FILE CABINET	1/04/99	214.00	0.00	0.00	214.00	0.00	214.00	0.00	S/L	7.00
12		DONATED FURN/EQUIP	6/01/00	1,300.00	0.00	0.00	1,300.00	0.00	1,300.00	0.00	S/L	7.00
43		COMPUTER	1/21/11	1,341.00	0.00	0.00	1,341.00	0.00	1,341.00	0.00	S/L	5.00
53		MFC PRINTER	4/11/12	600.00	0.00	0.00	556.70	43.30	600.00	0.00	S/L	7.00
54		SPOTTING SCOPE	8/29/11	376.00	0.00	0.00	380.70	0.00	380.70	-4.70	S/L	7.00
55		PROGRAM OPERATING EQUIP	1/28/12	1,400.00	0.00	0.00	1,333.00	67.00	1,400.00	0.00	S/L	7.00
76		CAMP COTS	4/10/15	602.64	0.00	0.00	421.87	120.53	542.40	60.24	S/L	5.00
80		Meyer Office Liquidators	11/11/15	5,000.00	0.00	0.00	2,023.79	714.29	2,738.08	2,261.92	S/L	7.00
97		Contents Ranch House	7/21/17	217,000.00	0.00	0.00	36,166.67	31,000.00	67,166.67	149,833.33	S/L	7.00
<b>Furniture and Fixtures</b>				227,833.64	0.00c	0.00	43,737.73	31,945.12	75,682.85	152,150.79		
<b>Group: IMPROVEMENTS</b>												
83		TAYLOR IMPROVEMENTS	7/20/16	2,185.50	0.00	0.00	121.42	56.04	177.46	2,008.04	S/L	39.00
84		TAYLOR IMPROVEMENTS	9/02/16	6,995.00	0.00	0.00	373.67	179.36	553.03	6,441.97	S/L	39.00
88		Building Improvements	2/13/17	7,161.00	0.00	0.00	298.38	183.62	482.00	6,679.00	S/L	39.00
89		Taylor Camp Improvements	3/31/17	66,598.97	0.00	0.00	2,561.50	1,707.67	4,269.17	62,329.80	S/L	39.00
90		Taylor Camp Improvements	3/31/17	8,094.00	0.00	0.00	311.31	207.54	518.85	7,575.15	S/L	39.00
94		TAYLOR RANCH IMPROVEMEN	3/31/18	136,477.54	0.00	0.00	1,749.71	3,499.42	5,249.13	131,228.41	S/L	39.00

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## Tax Asset Detail 10/01/18 - 9/30/19

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FYE: 9/30/2019

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: IMPROVEMENTS (continued)</b>												
95		TAYLOR RANCH OMPROVEME	3/31/18	19,811.19	0.00	0.00	253.99	507.98	761.97	19,049.22	S/L	39.00
115		WELL SERVICE - PUMPING	12/28/12	650.00	0.00	0.00	249.17	43.33	292.50	357.50	S/L	15.00
116		INSTALL POWER	11/07/13	4,850.00	0.00	0.00	1,589.76	323.33	1,913.09	2,936.91	S/L	15.00
117		16' TIPI	3/24/14	1,060.00	0.00	0.00	681.43	151.43	832.86	227.14	S/L	7.00
118		20' TIPI	3/24/14	1,631.00	0.00	0.00	1,048.51	233.00	1,281.51	349.49	S/L	7.00
119		MODULAR BATHROOM	4/02/14	14,847.78	0.00	0.00	4,454.34	989.85	5,444.19	9,403.59	S/L	15.00
120		WAREHOUSE DOOR/ELECTRIC	4/02/14	11,831.63	0.00	0.00	3,549.52	788.78	4,338.30	7,493.33	S/L	15.00
121		SEW/PLUMB/E/EC/SITE IMPR	4/02/14	57,964.09	0.00	0.00	17,389.24	3,864.27	21,253.51	36,710.58	S/L	15.00
122		MISCELLANEOUS IMPROVEME	10/03/13	7,156.26	0.00	0.00	2,385.44	477.08	2,862.52	4,293.74	S/L	15.00
123		TIPI	8/04/14	1,617.00	0.00	0.00	962.50	231.00	1,193.50	423.50	S/L	7.00
124		DEBRI REMOVAL	11/06/14	4,790.68	0.00	0.00	1,250.94	319.38	1,570.32	3,220.36	S/L	15.00
125		(2) TIPIS	1/01/15	3,356.08	0.00	0.00	1,797.90	479.44	2,277.34	1,078.74	S/L	7.00
126		DRAINAGE & PLUMBING	3/30/15	6,281.22	0.00	0.00	1,465.63	418.75	1,884.38	4,396.84	S/L	15.00
127		CAMP IMPROVEMENTS	5/31/15	10,550.53	0.00	0.00	2,344.57	703.37	3,047.94	7,502.59	S/L	15.00
128		MISCELLANEOUS IMPROVEME	1/01/15	3,153.15	0.00	0.00	788.30	210.21	998.51	2,154.64	S/L	15.00
129		TAYLOR RANCH IMPROVEMEN	7/01/15	20,725.25	0.00	0.00	4,490.47	1,381.68	5,872.15	14,853.10	S/L	15.00
151		Streambed & Shoreline Protection	4/17/19	6,202.75	0.00c	0.00	0.00	172.30	172.30	6,030.45	S/L	15.00
<b>IMPROVEMENTS</b>				<u>403,990.62</u>	<u>0.00c</u>	<u>0.00</u>	<u>50,117.70</u>	<u>17,128.83</u>	<u>67,246.53</u>	<u>336,744.09</u>		
<b>Group: Land</b>												
86		Castle Rock Ranch	7/21/17	3,943,975.25	0.00	0.00	0.00	0.00	0.00	3,943,975.25	Land	0.00
<b>Land</b>				<u>3,943,975.25</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>3,943,975.25</u>		
<b>Group: Machinery and Equipment</b>												
16		FC STOVE	2/01/94	100.00	0.00	0.00	100.00	0.00	100.00	0.00	S/L	7.00
31		HANDCART	3/24/07	1,650.00	0.00	0.00	1,650.00	0.00	1,650.00	0.00	200DB	7.0
57		WALL TENTS COTS & CHAIRS	4/12/12	1,575.00	0.00	0.00	1,057.70	225.00	1,282.70	292.30	S/L	7.00
67		RAFT GEORGIE	3/08/13	6,454.00	0.00	0.00	5,147.83	922.00	6,069.83	384.17	S/L	7.00
71		3 PAIR BINOCULARS	8/26/13	366.12	0.00	0.00	265.87	52.30	318.17	47.95	S/L	7.00
72		4 - IK & 2 - IK	5/15/14	800.00	0.00	0.00	504.77	114.29	619.06	180.94	S/L	7.00
73		BEAVER TAIL	6/12/14	250.00	0.00	0.00	154.76	35.71	190.47	59.53	S/L	7.00
78		Brush Cutter & Fence Gates	8/15/15	643.61	0.00	0.00	283.47	91.94	375.41	268.20	S/L	7.00
87		Phone Equipment	9/28/17	4,340.94	0.00	0.00	620.13	620.13	1,240.26	3,100.68	S/L	7.00
102		CRR JOHN DEERE TRACTOR 29	7/21/17	5,000.00	0.00	0.00	1,166.67	1,000.00	2,166.67	2,833.33	S/L	5.00
103		CRR NEW HOLLAND TRACTOR	7/21/17	5,000.00	0.00	0.00	1,166.67	1,000.00	2,166.67	2,833.33	S/L	5.00
104		CRR NEW HOLLAND SWATHER	7/21/17	4,000.00	0.00	0.00	933.33	800.00	1,733.33	2,266.67	S/L	5.00
105		CRR NEW HOLLAND HAY TURF	7/21/17	1,000.00	0.00	0.00	233.33	200.00	433.33	566.67	S/L	5.00
106		CRR HESTON BAILER 4570	7/21/17	3,500.00	0.00	0.00	816.67	700.00	1,516.67	1,983.33	S/L	5.00
107		CRR NEW HOLLAND BAIL WAC	7/21/17	5,000.00	0.00	0.00	1,166.67	1,000.00	2,166.67	2,833.33	S/L	5.00
108		CRR KAHN SPEED RAKE	7/21/17	4,000.00	0.00	0.00	933.33	800.00	1,733.33	2,266.67	S/L	5.00
109		CRR LANDPRIDE BRUSH HOG	7/21/17	400.00	0.00	0.00	93.33	80.00	173.33	226.67	S/L	5.00
110		CRR LANDPRIDE BLADE	7/21/17	600.00	0.00	0.00	140.00	120.00	260.00	340.00	S/L	5.00
111		CRR RHINO POST HOLE DIGGEI	7/21/17	300.00	0.00	0.00	70.00	60.00	130.00	170.00	S/L	5.00
112		CRR (2) FUEL TANKS	7/21/17	500.00	0.00	0.00	116.67	100.00	216.67	283.33	S/L	5.00
113		CRR UTILITY TRAILER	7/21/17	200.00	0.00	0.00	46.67	40.00	86.67	113.33	S/L	5.00
114		CRR MISC HAND TOOLS & PAR	7/21/17	1,000.00	0.00	0.00	233.33	200.00	433.33	566.67	S/L	5.00



**Tax Asset Detail 10/01/18 - 9/30/19**

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Machinery and Equipment (continued)</b>												
<b>Machinery and Equipment</b>				<u>46,679.67</u>	<u>0.00c</u>	<u>0.00</u>	<u>16,901.20</u>	<u>8,161.37</u>	<u>25,062.57</u>	<u>21,617.10</u>		
<b>Group: SITE PLAN, ENGINEER &amp; STU</b>												
130		SITE PLAN, ENGINEER & HYDR	12/28/12	1,306.25	0.00	0.00	500.74	87.08	587.82	718.43	S/L	15.00
131		WELL CHECK & ENGINEERING	8/19/13	10,675.00	0.00	0.00	3,617.59	711.67	4,329.26	6,345.74	S/L	15.00
132		STUDIES	9/23/13	1,529.00	0.00	0.00	509.66	101.93	611.59	917.41	S/L	15.00
133		SITE PLANNING	12/06/13	1,057.83	0.00	0.00	340.85	70.52	411.37	646.46	S/L	15.00
134		CONDITIONAL USE PLANNING	12/16/13	2,640.00	0.00	0.00	836.00	176.00	1,012.00	1,628.00	S/L	15.00
135		SITE DESIGN	1/09/14	870.00	0.00	0.00	275.50	58.00	333.50	536.50	S/L	15.00
136		SITE DEVELOPMENT & PLANNI	1/31/14	1,530.00	0.00	0.00	476.00	102.00	578.00	952.00	S/L	15.00
137		ENGINEERING	2/28/14	1,012.50	0.00	0.00	309.38	67.50	376.88	635.62	S/L	15.00
138		PLAN, SURVEY & ENGINEERIN	4/02/14	4,456.33	0.00	0.00	1,336.90	297.09	1,633.99	2,822.34	S/L	15.00
139		ENGINEERING	4/30/14	475.00	0.00	0.00	139.86	31.67	171.53	303.47	S/L	15.00
140		ENGINEERING	11/30/14	405.00	0.00	0.00	103.50	27.00	130.50	274.50	S/L	15.00
141		ENGINEERING	2/25/15	630.00	0.00	0.00	150.50	42.00	192.50	437.50	S/L	15.00
142		ARCHEOLOGY	3/19/15	1,400.00	0.00	0.00	326.68	93.33	420.01	979.99	S/L	15.00
143		WATERSHED ASSESSMENT/EN	3/24/15	3,750.00	0.00	0.00	875.02	250.00	1,125.02	2,624.98	S/L	15.00
144		DRAINAGE	4/30/15	187.37	0.00	0.00	42.70	12.49	55.19	132.18	S/L	15.00
<b>SITE PLAN, ENGINEER &amp; STU</b>				<u>31,924.28</u>	<u>0.00c</u>	<u>0.00</u>	<u>9,840.88</u>	<u>2,128.28</u>	<u>11,969.16</u>	<u>19,955.12</u>		
<b>Group: TAYLOR RANCH &amp; RELOCATION</b>												
148		PERMACULTURE DRAINAGE	1/16/19	36,863.13	0.00c	0.00	0.00	1,638.36	1,638.36	35,224.77	S/L	15.00
150		PVFC WATER SYSTEM DESIGN	5/13/19	2,505.25	0.00c	0.00	0.00	69.59	69.59	2,435.66	S/L	15.00
<b>TAYLOR RANCH &amp; RELOCATION</b>				<u>39,368.38</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>1,707.95</u>	<u>1,707.95</u>	<u>37,660.43</u>		
<b>Form 990, Page 1</b>				5,204,233.26	0.00c	0.00	175,256.61	94,601.02	269,857.63	4,934,375.63		
<b>*Less: Dispositions and Transfers</b>				8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00		
<b>Net Form 990, Page 1</b>				<u>5,196,033.26</u>	<u>0.00c</u>	<u>0.00</u>	<u>167,056.61</u>	<u>94,601.02</u>	<u>261,657.63</u>	<u>4,934,375.63</u>		
<b>Grand Total</b>				5,204,233.26	0.00c	0.00	175,256.61	94,601.02	269,857.63	4,934,375.63		
<b>Less: Dispositions and Transfers</b>				8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00		
<b>Net Grand Total</b>				<u>5,196,033.26</u>	<u>0.00c</u>	<u>0.00</u>	<u>167,056.61</u>	<u>94,601.02</u>	<u>261,657.63</u>	<u>4,934,375.63</u>		

## Tax Asset Detail 10/01/18 - 9/30/19

FYE: 9/30/2019

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>												
<b>Group: Automobiles/Trans. Equip</b>												
58	d	04 FORD F350 CREW CAB	7/06/11	8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00	S/L	7.00
70		2 FLATBED TRAILERS	4/25/13	2,000.00	0.00	0.00	1,547.61	285.71	1,833.32	166.68	S/L	7.00
74		CARGO TRAILER	11/15/13	1,500.00	0.00	0.00	1,053.58	214.29	1,267.87	232.13	S/L	7.00
85		'13 FORD EXPEDITION	7/25/16	34,725.00	0.00	0.00	15,047.50	6,945.00	21,992.50	12,732.50	S/L	5.00
91		2017 Chev Van	3/21/17	41,292.90	0.00	0.00	12,387.87	8,258.58	20,646.45	20,646.45	S/L	5.00
92		Trailer	8/25/17	2,600.00	0.00	0.00	402.38	371.43	773.81	1,826.19	S/L	7.00
93		2018 FORD F250 TRUCK	8/16/18	41,765.75	0.00	0.00	1,044.14	8,353.15	9,397.29	32,368.46	S/L	5.00
149		'20 FORD TRANSIT VAN T-350 1	9/30/19	51,088.75	0.00c	0.00	0.00	0.00	0.00	51,088.75	S/L	5.00
<b>Automobiles/Trans. Equip</b>				183,172.40	0.00c	0.00	39,683.08	24,428.16	64,111.24	119,061.16		
<b>*Less: Dispositions and Transfers</b>				8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00		
<b>Net Automobiles/Trans. Equip</b>				174,972.40	0.00c	0.00	31,483.08	24,428.16	55,911.24	119,061.16		
<b>Group: Building</b>												
96		Ranch House	7/21/17	80,000.00	0.00	0.00	2,393.16	2,051.28	4,444.44	75,555.56	S/L	39.00
98		Bunkhouse	7/21/17	120,000.00	0.00	0.00	3,589.74	3,076.92	6,666.66	113,333.34	S/L	39.00
99		Equipment Shed	7/21/17	30,000.00	0.00	0.00	897.44	769.23	1,666.67	28,333.33	S/L	39.00
100		Hay Barn	7/21/17	80,000.00	0.00	0.00	2,393.16	2,051.28	4,444.44	75,555.56	S/L	39.00
<b>Building</b>				310,000.00	0.00c	0.00	9,273.50	7,948.71	17,222.21	292,777.79		
<b>Group: CAMP RELOCATION</b>												
145		SITE DESIGN	6/30/12	2,858.42	0.00	0.00	1,191.02	190.56	1,381.58	1,476.84	S/L	15.00
146		MOVE FROM BLM TO TAYLOR	11/07/13	13,477.60	0.00	0.00	4,267.92	898.51	5,166.43	8,311.17	S/L	15.00
147		BLM RESTORATION	12/01/14	953.00	0.00	0.00	243.58	63.53	307.11	645.89	S/L	15.00
<b>CAMP RELOCATION</b>				17,289.02	0.00c	0.00	5,702.52	1,152.60	6,855.12	10,433.90		
<b>Group: Furniture and Fixtures</b>												
9		FILE CABINET	1/04/99	214.00	0.00	0.00	214.00	0.00	214.00	0.00	S/L	7.00
12		DONATED FURN/EQUIP	6/01/00	1,300.00	0.00	0.00	1,300.00	0.00	1,300.00	0.00	S/L	7.00
43		COMPUTER	1/21/11	1,341.00	0.00	0.00	1,341.00	0.00	1,341.00	0.00	S/L	5.00
53		MFC PRINTER	4/11/12	600.00	0.00	0.00	556.70	43.30	600.00	0.00	S/L	7.00
54		SPOTTING SCOPE	8/29/11	376.00	0.00	0.00	380.70	0.00	380.70	-4.70	S/L	7.00
55		PROGRAM OPERATING EQUIP	1/28/12	1,400.00	0.00	0.00	1,333.00	67.00	1,400.00	0.00	S/L	7.00
76		CAMP COTS	4/10/15	602.64	0.00	0.00	421.87	120.53	542.40	60.24	S/L	5.00
80		Meyer Office Liquidators	11/11/15	5,000.00	0.00	0.00	2,023.79	714.29	2,738.08	2,261.92	S/L	7.00
97		Contents Ranch House	7/21/17	217,000.00	0.00	0.00	36,166.67	31,000.00	67,166.67	149,833.33	S/L	7.00
<b>Furniture and Fixtures</b>				227,833.64	0.00c	0.00	43,737.73	31,945.12	75,682.85	152,150.79		
<b>Group: IMPROVEMENTS</b>												
83		TAYLOR IMPROVEMENTS	7/20/16	2,185.50	0.00	0.00	121.42	56.04	177.46	2,008.04	S/L	39.00
84		TAYLOR IMPROVEMENTS	9/02/16	6,995.00	0.00	0.00	373.67	179.36	553.03	6,441.97	S/L	39.00
88		Building Improvements	2/13/17	7,161.00	0.00	0.00	298.38	183.62	482.00	6,679.00	S/L	39.00
89		Taylor Camp Improvements	3/31/17	66,598.97	0.00	0.00	2,561.50	1,707.67	4,269.17	62,329.80	S/L	39.00
90		Taylor Camp Improvements	3/31/17	8,094.00	0.00	0.00	311.31	207.54	518.85	7,575.15	S/L	39.00
94		TAYLOR RANCH IMPROVEMEN	3/31/18	136,477.54	0.00	0.00	1,749.71	3,499.42	5,249.13	131,228.41	S/L	39.00

87-0418027

## Tax Asset Detail 10/01/18 - 9/30/19

Page 2

FYE: 9/30/2019

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: IMPROVEMENTS (continued)</b>												
95		TAYLOR RANCH OMPROVEME	3/31/18	19,811.19	0.00	0.00	253.99	507.98	761.97	19,049.22	S/L	39.00
115		WELL SERVICE - PUMPING	12/28/12	650.00	0.00	0.00	249.17	43.33	292.50	357.50	S/L	15.00
116		INSTALL POWER	11/07/13	4,850.00	0.00	0.00	1,589.76	323.33	1,913.09	2,936.91	S/L	15.00
117		16' TIPI	3/24/14	1,060.00	0.00	0.00	681.43	151.43	832.86	227.14	S/L	7.00
118		20' TIPI	3/24/14	1,631.00	0.00	0.00	1,048.51	233.00	1,281.51	349.49	S/L	7.00
119		MODULAR BATHROOM	4/02/14	14,847.78	0.00	0.00	4,454.34	989.85	5,444.19	9,403.59	S/L	15.00
120		WAREHOUSE DOOR/ELECTRIC	4/02/14	11,831.63	0.00	0.00	3,549.52	788.78	4,338.30	7,493.33	S/L	15.00
121		SEW/PLUMB/E/EC/SITE IMPR	4/02/14	57,964.09	0.00	0.00	17,389.24	3,864.27	21,253.51	36,710.58	S/L	15.00
122		MISCELLANEOUS IMPROVEME	10/03/13	7,156.26	0.00	0.00	2,385.44	477.08	2,862.52	4,293.74	S/L	15.00
123		TIPI	8/04/14	1,617.00	0.00	0.00	962.50	231.00	1,193.50	423.50	S/L	7.00
124		DEBRI REMOVAL	11/06/14	4,790.68	0.00	0.00	1,250.94	319.38	1,570.32	3,220.36	S/L	15.00
125		(2) TIPIS	1/01/15	3,356.08	0.00	0.00	1,797.90	479.44	2,277.34	1,078.74	S/L	7.00
126		DRAINAGE & PLUMBING	3/30/15	6,281.22	0.00	0.00	1,465.63	418.75	1,884.38	4,396.84	S/L	15.00
127		CAMP IMPROVEMENTS	5/31/15	10,550.53	0.00	0.00	2,344.57	703.37	3,047.94	7,502.59	S/L	15.00
128		MISCELLANEOUS IMPROVEME	1/01/15	3,153.15	0.00	0.00	788.30	210.21	998.51	2,154.64	S/L	15.00
129		TAYLOR RANCH IMPROVEMEN	7/01/15	20,725.25	0.00	0.00	4,490.47	1,381.68	5,872.15	14,853.10	S/L	15.00
151		Streambed & Shoreline Protection	4/17/19	6,202.75	0.00c	0.00	0.00	172.30	172.30	6,030.45	S/L	15.00
<b>IMPROVEMENTS</b>				<u>403,990.62</u>	<u>0.00c</u>	<u>0.00</u>	<u>50,117.70</u>	<u>17,128.83</u>	<u>67,246.53</u>	<u>336,744.09</u>		
<b>Group: Land</b>												
86		Castle Rock Ranch	7/21/17	3,943,975.25	0.00	0.00	0.00	0.00	0.00	3,943,975.25	Land	0.00
<b>Land</b>				<u>3,943,975.25</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>3,943,975.25</u>		
<b>Group: Machinery and Equipment</b>												
16		FC STOVE	2/01/94	100.00	0.00	0.00	100.00	0.00	100.00	0.00	S/L	7.00
31		HANDCART	3/24/07	1,650.00	0.00	0.00	1,650.00	0.00	1,650.00	0.00	200DB	7.0
57		WALL TENTS COTS & CHAIRS	4/12/12	1,575.00	0.00	0.00	1,057.70	225.00	1,282.70	292.30	S/L	7.00
67		RAFT GEORGIE	3/08/13	6,454.00	0.00	0.00	5,147.83	922.00	6,069.83	384.17	S/L	7.00
71		3 PAIR BINOCULARS	8/26/13	366.12	0.00	0.00	265.87	52.30	318.17	47.95	S/L	7.00
72		4 - IK & 2 - IK	5/15/14	800.00	0.00	0.00	504.77	114.29	619.06	180.94	S/L	7.00
73		BEAVER TAIL	6/12/14	250.00	0.00	0.00	154.76	35.71	190.47	59.53	S/L	7.00
78		Brush Cutter & Fence Gates	8/15/15	643.61	0.00	0.00	283.47	91.94	375.41	268.20	S/L	7.00
87		Phone Equipment	9/28/17	4,340.94	0.00	0.00	620.13	620.13	1,240.26	3,100.68	S/L	7.00
102		CRR JOHN DEERE TRACTOR 29	7/21/17	5,000.00	0.00	0.00	1,166.67	1,000.00	2,166.67	2,833.33	S/L	5.00
103		CRR NEW HOLLAND TRACTOR	7/21/17	5,000.00	0.00	0.00	1,166.67	1,000.00	2,166.67	2,833.33	S/L	5.00
104		CRR NEW HOLLAND SWATHER	7/21/17	4,000.00	0.00	0.00	933.33	800.00	1,733.33	2,266.67	S/L	5.00
105		CRR NEW HOLLAND HAY TURF	7/21/17	1,000.00	0.00	0.00	233.33	200.00	433.33	566.67	S/L	5.00
106		CRR HESTON BAILER 4570	7/21/17	3,500.00	0.00	0.00	816.67	700.00	1,516.67	1,983.33	S/L	5.00
107		CRR NEW HOLLAND BAIL WAC	7/21/17	5,000.00	0.00	0.00	1,166.67	1,000.00	2,166.67	2,833.33	S/L	5.00
108		CRR KAHN SPEED RAKE	7/21/17	4,000.00	0.00	0.00	933.33	800.00	1,733.33	2,266.67	S/L	5.00
109		CRR LANDPRIDE BRUSH HOG	7/21/17	400.00	0.00	0.00	93.33	80.00	173.33	226.67	S/L	5.00
110		CRR LANDPRIDE BLADE	7/21/17	600.00	0.00	0.00	140.00	120.00	260.00	340.00	S/L	5.00
111		CRR RHINO POST HOLE DIGGEI	7/21/17	300.00	0.00	0.00	70.00	60.00	130.00	170.00	S/L	5.00
112		CRR (2) FUEL TANKS	7/21/17	500.00	0.00	0.00	116.67	100.00	216.67	283.33	S/L	5.00
113		CRR UTILITY TRAILER	7/21/17	200.00	0.00	0.00	46.67	40.00	86.67	113.33	S/L	5.00
114		CRR MISC HAND TOOLS & PAR	7/21/17	1,000.00	0.00	0.00	233.33	200.00	433.33	566.67	S/L	5.00

**Tax Asset Detail 10/01/18 - 9/30/19**

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Machinery and Equipment (continued)</b>												
<b>Machinery and Equipment</b>				<u>46,679.67</u>	<u>0.00c</u>	<u>0.00</u>	<u>16,901.20</u>	<u>8,161.37</u>	<u>25,062.57</u>	<u>21,617.10</u>		
<b>Group: SITE PLAN, ENGINEER &amp; STU</b>												
130		SITE PLAN, ENGINEER & HYDR	12/28/12	1,306.25	0.00	0.00	500.74	87.08	587.82	718.43	S/L	15.00
131		WELL CHECK & ENGINEERING	8/19/13	10,675.00	0.00	0.00	3,617.59	711.67	4,329.26	6,345.74	S/L	15.00
132		STUDIES	9/23/13	1,529.00	0.00	0.00	509.66	101.93	611.59	917.41	S/L	15.00
133		SITE PLANNING	12/06/13	1,057.83	0.00	0.00	340.85	70.52	411.37	646.46	S/L	15.00
134		CONDITIONAL USE PLANNING	12/16/13	2,640.00	0.00	0.00	836.00	176.00	1,012.00	1,628.00	S/L	15.00
135		SITE DESIGN	1/09/14	870.00	0.00	0.00	275.50	58.00	333.50	536.50	S/L	15.00
136		SITE DEVELOPMENT & PLANNI	1/31/14	1,530.00	0.00	0.00	476.00	102.00	578.00	952.00	S/L	15.00
137		ENGINEERING	2/28/14	1,012.50	0.00	0.00	309.38	67.50	376.88	635.62	S/L	15.00
138		PLAN, SURVEY & ENGINEERIN	4/02/14	4,456.33	0.00	0.00	1,336.90	297.09	1,633.99	2,822.34	S/L	15.00
139		ENGINEERING	4/30/14	475.00	0.00	0.00	139.86	31.67	171.53	303.47	S/L	15.00
140		ENGINEERING	11/30/14	405.00	0.00	0.00	103.50	27.00	130.50	274.50	S/L	15.00
141		ENGINEERING	2/25/15	630.00	0.00	0.00	150.50	42.00	192.50	437.50	S/L	15.00
142		ARCHEOLOGY	3/19/15	1,400.00	0.00	0.00	326.68	93.33	420.01	979.99	S/L	15.00
143		WATERSHED ASSESSMENT/EN	3/24/15	3,750.00	0.00	0.00	875.02	250.00	1,125.02	2,624.98	S/L	15.00
144		DRAINAGE	4/30/15	187.37	0.00	0.00	42.70	12.49	55.19	132.18	S/L	15.00
<b>SITE PLAN, ENGINEER &amp; STU</b>				<u>31,924.28</u>	<u>0.00c</u>	<u>0.00</u>	<u>9,840.88</u>	<u>2,128.28</u>	<u>11,969.16</u>	<u>19,955.12</u>		
<b>Group: TAYLOR RANCH &amp; RELOCATION</b>												
148		PERMACULTURE DRAINAGE	1/16/19	36,863.13	0.00c	0.00	0.00	1,638.36	1,638.36	35,224.77	S/L	15.00
150		PVFC WATER SYSTEM DESIGN	5/13/19	2,505.25	0.00c	0.00	0.00	69.59	69.59	2,435.66	S/L	15.00
<b>TAYLOR RANCH &amp; RELOCATION</b>				<u>39,368.38</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>1,707.95</u>	<u>1,707.95</u>	<u>37,660.43</u>		
<b>Form 990, Page 1</b>				5,204,233.26	0.00c	0.00	175,256.61	94,601.02	269,857.63	4,934,375.63		
<b>*Less: Dispositions and Transfers</b>				8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00		
<b>Net Form 990, Page 1</b>				<u>5,196,033.26</u>	<u>0.00c</u>	<u>0.00</u>	<u>167,056.61</u>	<u>94,601.02</u>	<u>261,657.63</u>	<u>4,934,375.63</u>		
<b>Grand Total</b>				5,204,233.26	0.00c	0.00	175,256.61	94,601.02	269,857.63	4,934,375.63		
<b>Less: Dispositions and Transfers</b>				8,200.00	0.00	0.00	8,200.00	0.00	8,200.00	0.00		
<b>Net Grand Total</b>				<u>5,196,033.26</u>	<u>0.00c</u>	<u>0.00</u>	<u>167,056.61</u>	<u>94,601.02</u>	<u>261,657.63</u>	<u>4,934,375.63</u>		

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>10/01/18</b> , ending <b>09/30/19</b>		

Name

Taxpayer Identification Number

**CANYONLANDS FIELD INSTITUTE, INC.****87-0418027**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,131,854	183,194	-948,660
	2. Membership dues and assessments	4,375	8,601	4,226
	3. Government contributions and grants	10,000	43,408	33,408
	4. Program service revenue	331,780	376,694	44,914
	5. Investment income	1,835	2,698	863
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	55,850	-1,955	-57,805
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	-1,172	-1,213	-41
	11. Other revenue	18,292	29,764	11,472
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>1,552,814</b>	<b>641,191</b>	<b>-911,623</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	403,856	498,130	94,274
	17. Professional fundraising fees			
	18. Other professional fees	24,934	11,491	-13,443
	19. Occupancy, rent, utilities, and maintenance	66,852	84,438	17,586
	20. Depreciation and Depletion	31,328	94,601	63,273
	21. Other expenses	273,065	236,982	-36,083
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>800,035</b>	<b>925,642</b>	<b>125,607</b>
23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>752,779</b>	<b>-284,451</b>	<b>-1,037,230</b>	
<b>Other Information</b>	24. Total exempt revenue	1,552,814	641,191	-911,623
	25. Total unrelated revenue			
	26. Total excludable revenue	406,585	405,988	-597
	27. Total assets	5,714,833	5,268,783	-446,050
	28. Total liabilities	106,312	122,410	16,098
	29. Retained earnings	5,608,521	5,146,373	-462,148
	30. Number of voting members of governing body	10	10	
	31. Number of independent voting members of governing body	10	10	
32. Number of employees	29	32		
33. Number of volunteers	25			

Form <b>990</b>	<b>Tax Return History</b>	<b>2018</b>
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Name <b>CANYONLANDS FIELD INSTITUTE, INC.</b>	Employer Identification Number <b>87-0418027</b>
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants .....	224,202	209,584	4,726,210	1,141,854	226,602	
Membership dues .....			6,034	4,375	8,601	
Program service revenue .....	271,557	291,643	350,541	331,780	376,694	
Capital gain or loss .....	2,269	5,768	8,698	55,850	-1,955	
Investment income .....	149	201	127	1,835	2,698	
Fundraising revenue (income/loss) .....	8,021	1,674				
Gaming revenue (income/loss) .....						
Other revenue .....	1,145	2,135	11,573	17,120	28,551	
<b>Total revenue</b> .....	<b>507,343</b>	<b>511,005</b>	<b>5,103,183</b>	<b>1,552,814</b>	<b>641,191</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	203,453	214,405	288,344	403,856	498,130	
Professional fees .....	2,240	3,360	6,357	24,934	11,491	
Occupancy costs .....	47,488	46,599	48,268	66,852	84,438	
Depreciation and depletion .....	7,191	14,368	44,155	31,328	94,601	
Other expenses .....	181,253	155,717	192,792	273,065	236,982	
<b>Total expenses</b> .....	<b>441,625</b>	<b>434,449</b>	<b>579,916</b>	<b>800,035</b>	<b>925,642</b>	
<b>Excess or (Deficit)</b> .....	<b>65,718</b>	<b>76,556</b>	<b>4,523,267</b>	<b>752,779</b>	<b>-284,451</b>	
<b>Total exempt revenue</b> .....	<b>507,343</b>	<b>511,005</b>	<b>5,103,183</b>	<b>1,552,814</b>	<b>641,191</b>	
Total unrelated revenue .....						
Total excludable revenue .....	283,141	301,421	370,939	406,585	405,988	
Total Assets .....	317,421	409,497	5,010,428	5,714,833	5,268,783	
Total Liabilities .....	55,867	71,387	154,686	106,312	122,410	
Net Fund Balances .....	261,554	338,110	4,855,742	5,608,521	5,146,373	

**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
EDUCATION PROGRAM SUPPLIE	\$ 3,340	\$ 3,216	\$ 124	\$
BUSINESS & BOARD CONSULTI	3,300		3,300	
TECHNOLOGY SERVICES	2,141	40	1,201	900
BOARD OF TRUSTEES	1,758		1,758	
DOCUMENTARY CONSULTING	1,240	1,240		
GIFTS	562	192	290	80
BENEFIT EXPENSE	507	58		449
TOTAL	<u>\$ 12,848</u>	<u>\$ 4,746</u>	<u>\$ 6,673</u>	<u>\$ 1,429</u>

**Federal Statements****Schedule A, Part III, Line 1(e)**

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$ 8,601
GOVERNMENT GRANTS OR CONTRIBUTIONS	43,408
CASH CONTRIBUTIONS	183,098
IN-KIND	96
TOTAL	<u>\$ 235,203</u>

**Schedule A, Part III, Line 2(e)**

Description	Amount
EDUCATION PROGRAMS	\$ 361,694
CCR LEASE INCOME	15,000
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	2,698
CANCELLATION REVENUES	350
CREDIT CARD CASH BACK REWARDS	229
OTHER INCOME	1,022
BENEFIT	3,451
EQUIPMENT SALE	1,346
REAL PROPERTY RENTAL	19,810
EQUIPMENT RENTAL	3,556
TOTAL	<u>\$ 409,156</u>

**Schedule A, Part III, Line 3(e)**

Description	Amount
SALE OF INVENTORY	\$ 3,902
TOTAL	<u>\$ 3,902</u>



**Federal Statements****Schedule A, Part III, Line 7a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
ANN HANSON	\$ 6,261	\$	\$	\$	\$
DAVID BONDERMAN	10,000		5,000	5,000	5,000
DORTHY GARCEAU-HAGEN	3,138				500
GEORGE & DOLORES ECCLES FNDDTN	12,000				27,000
HARRIS FOUNDATION	4,110	5,000		6,000	3,000
JONES FAMILY TRUST	5,000		5,000	5,000	
KARLA VANDERZANDEN	1,885				150
MAKI FOUNDATION		2,000			3,000
MY GOOD FUND/SPEERS	60,000		87,500	500,000	40,000
PETER & ANNE LAWSON				477,453	
RUTH BROWN FOUNDATION	8,000				4,500
VAL A BROWNING FOUNDATION	19,017		42,042	29,000	24,000
VINCENT & ANN MAI	5,000		5,000		5,000
TOTAL	\$ <u>134,411</u>	\$ <u>7,000</u>	\$ <u>144,542</u>	\$ <u>1,022,453</u>	\$ <u>112,150</u>

**Federal Statements****Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ASPEN COUNTY DAY SCHOOL	\$	\$
2018	11,110	4,627
BEAR RIVER CHARTER SCHOOL		
2018	36,889	30,406
2016	12,840	6,843
2014	5,482	372
CHANNING HALL		
2018	6,750	267
DENVER CENTER FOR INTERNATIONAL STU		
2018	12,406	5,923
2017	18,763	3,749
2016	16,680	10,683
2014	14,858	9,748
DOLORES MIDDLE SCHOOL		
2018	8,928	2,445
EAST MIDDLE SCHOOL		
2018	9,755	3,272
2016	11,578	5,581
2015	8,662	3,662
2014	10,128	5,018
ELIZABETH ACADEMY		
2016	7,920	1,923
FOOTHILLS SCHOOL		
2018	16,780	10,297
GARING, FRED		
2018	38,461	31,978
GLENWOOD SPRINGS MS		
2016	17,340	11,343
2014	27,130	22,020
GREEN MOUNT SCHOOL		
2014	9,800	4,690
IGNACIO MIDDLE AND HIGH SCHOOL		
2016	12,336	6,339
JARROW MONTESSOIR SCHOOL		
2014	15,190	10,080
JUNIPER RIDGE COMMUNITY SCHOOL		
2016	7,695	1,698
LASALLE HIGH SCHOOL		
2018	10,458	3,975
2016	12,108	6,111
2014	10,679	5,569
LOGAN SCHOOL		
2016	13,720	7,723
MCGILLIS SCHOOL		
2017	25,851	10,837
2016	29,425	23,428
2015	21,927	16,927
2014	17,663	12,553
MESA PARTNERS		
2015	5,180	180
MONTESSORI SCHOOL OF EVERGREEN		
2016	21,840	15,843
OAK GROVE SCHOOL		
2018	23,645	17,162

**Federal Statements****Schedule A, Part III, Line 7b - Excess Gross Receipts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2016	\$ 16,450	\$ 10,453
PEAK TO PEAK CHARTER		
2015	6,300	1,300
SALT LAKE CITY OPEN CLASSROOM CHART		
2018	11,055	4,572
2017	27,868	12,854
2015	18,480	13,480
SGE		
2018	7,250	767
SOLDIER HOLLOW CHARTER SCHOOL		
2018	12,910	6,427
TWO RIVERS COMMUNITY SCHOOL		
2016	11,214	5,217
2014	6,944	1,834
WEILENMANN SCHOOL		
2017	19,330	4,316
WESTERN STATE COLORADO UNIVERSITY		
2016	8,960	2,963
TOTAL	<u>\$ 676,738</u>	<u>\$ 377,455</u>