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990 Form

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.

2019 Open to Public

Department of the Treatment of the Treatment Revenue Serv Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning , and ending C Name of organization Virgin River Land Preservation D Employer identification number Check if applicable: Association, Inc. Address change Doing business as 87-0516535 Name change Number and street (or P.O. poxif mail is not delivered to street address) Room/suite PO Box 1804 435-635-1024 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return? terminated St George UT 84771-1804 56,017 G Gross receipts \$ Amended return Name and address of principal officer: Yes X No H(a) Is this a group return for subordinates? Application pending William McMurrin Yes 435 E Tabernacle St. #303 H(b) Are all subordinates included? If "No," attach a "st. [see instructions] St George 84770 X 501(c)(3)) 🔻 [insert na.] Tax-exempt status: 501(c) { rginriverland.org Website: H(c) Group exemption number X Corporation Year of formation: 1993 Trast Association M State of legal domicire: Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Virgin River Land Preservation Association, Inc. works with communities Activíties & Governance and landowners to preserve southwestern Utah's heritage of scenic vistas, open lands, and quality of life. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 6 6 7a Total unrelated business revenus from Part VIII, column (C), line 12 0 7a 7b b Net unrelated business taxable income from Form 990-T, line 39 0 Current Yea 8 Contributions and grants (Part VIII, line 1h) 497 51, 465 441 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,028 552 4 -4,984 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56, 438,541 017 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 4,714 23 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,452 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,162 13,575 28,876 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 409,665 19 Revenue less expenses. Subtract line 18 from line 12 42,442 Assets or Balances End of Year Beginning of Current Year 979 939 20 Total assets (Part X, line 16) 022 70 21 Total liabilities (Parl X, line 26) 0 Net / 5,9<u>79,828</u> 270 Net assets or fund balances. Subtract line 21 from line 20 6,022 Signature Block Part II 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 Declaration of preparer lether than officer) is based on all information of which preparer has any knowledge

Sign Date William McMurrin Here President Type or orint name and title ⊋rint/Type preparer's name Preparer's signatur Check

PC

Stephen P Radmall Stephen 2 Ra Preparer Savaqe Esplin & Radma/1 Use Only 20 N Main St Ste 402 St George, \mathtt{UT} 84770 Firm's address

Paid

87-0637407 Firm's €IN ▶ 435-673-6195

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2319)

No

P00011762

X Yes

(Expenses S

DAA

4e Total program service expenses ▶

Огп	m 990 (2019) Virgin River Land Prese	rvation	87-0516535	Page 2
	art III Statement of Program Service Accom			
	Check if Schedule O contains a respons		in this Part III	
1				
	The Virgin River Land Preservat	ion Associat	ion. Inc. wo	orks with communities
	and landowners to preserve sout			
	open lands, and quality of life.			
	open lands, and quality of fire		• • • • • • • • • • • • • • • • • • • •	
_	part of the second second			
2	3 ·	ces during the year which	were not listed on the	-
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	9,	hanges in how it conduct	s, any program	
				Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishmen	ts for each of its three lar	gest program services, a	as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are	required to report the am	nount of grants and alloc	ations to others,
	the total expenses, and revenue, if any, for each program se	rvice reported.		
		·		
4a	a (Code:) (Expenses \$ 7,594	including grants of S		\ (Revenue \$
1	Land Preservation Program-Work	with private	landowners	to preserve public
	conservation values of properti			
	coordination with other non-pro			
	agencies to preserve the conse			
•	agencies to bienerve the compet	vacion value	B.OI.PIOPCI	.100.

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	• • • • • • • • • • • • • • • • • • • •			
	•••••			
4b	b (Code:) (Expenses \$ 3,254	including grants of \$) (Revenue \$)
	Stewardship Program-Ensure that	conservatio	n easements	entrusted to the
(organization are upheld as to t	heir term ar	d monitored	on an annual basis
	and that relationships with lar			
]	record-keeping requirements ass	ociated with	n easements a	are completed.
	*,,	***************************************		
	*			
40	c (Code:) (Expenses \$	including grants of \$) [Revenue S
,	N/A			, (
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	*			
40	d Other program services (Describe on Schedule O.)			

including grants of S

10,848

Form **990** [2019]

Form 990 (2019) Virgin River Land Preservation Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule 8, Schedule of Contributors (see instructions)? Χ 2 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 Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Χ 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X_{\parallel} 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Χ Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 Χ 14b 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 Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 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

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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X

X

19

20a

20b

20a

Farm **990** (2019)

Form 990 (2019) Virgin River Land Preservation 87-0516535 Page 4 Checklist of Required Schedules (continued) Yes Νo 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 Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Old the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Χ persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Χ h 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II ... 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 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	Nο
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_1a	1			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			10		ĺ

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

7890 10/16/2020 1 43 PM Form 990 (2019) Virgin River Land Preservation 87-0516535 Page 6 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 on 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 No Yes Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ▶ UT
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request ____ Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records

Lori Rose

435 E Tabernacle #303

435-635-1024

UT 84770

George

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

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

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

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

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

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

(A) Name and title	(B) Average haurs per week [list any	bo off	x. unla ce: ai	Pas pheck ess pe nd a d	irsen liresto	:han or is both :	an e]	(D) Reportable gampensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations [W-2/1699-MISC)	(F) Estimated amount of other compensation from the organization and
	iełatec erganizations below potred rej	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,	,	related organ zations
(1)William McMurrin										
President	0.00	x		X	İ			0	0	0
(2) Christopher Bla	1									
Trustee	0.00	x	!					0	0	0
(3)Dennis Drake										
Trust <mark>ee</mark>	0.00	x						0	o	0
(4) Kolene Granger										
Trustee	0.00	х						0	0	0_
(5) Dennis Kay										
Trustee	0.00	Х						0	0	0
(6)Owen Olpin										
Trustee	0.00	х						0	0	0
(7) Steven E Snow										
Trustee	0.00	Х						o_	0	0
(8)										
• • • • • • • • • • • • • • • • • • • •										
(9)										
(10)						-				
(11)										
		_		_					<u> </u>	

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(A) Name and the	(B) Average hours per week [list any	(de bo:	o nej (x, urle	Posi check ess pe	ition more	than o	ne an	(D) Reportable compensation iram the organization	(E) Reportable compensation from elated organizations	CO	(F) mated amou of other moensation from the	
	hours for related organizations below dotted .ne)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Готтег	(W-2/(099-MJSC)	(W-2/1099-MISC)		anizatlon an o organizati	
		_										
												_
		_										
1b Subtotal c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII, S	ecti	ion A	١			A A					
Total number of individuals (in reportable compensation from	cluding but not li	mite	d to	thos	e lis	ted a	bov	re) who received more than	\$100,000 of		I Vo	s No
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization. 	" <i>complete Sched</i> e 1a, is the sum nizations greater	<i>tule</i> of re than	J for porta 1 \$15	<i>suci</i> able 60,00	h ind com io? I	<i>lividu</i> pens	<i>ial</i> satio	on and other compensation	from the		3	X
Did any person listed on line 1 for services rendered to the or Section B. Independent Contractor	a receive or acc ganization? <i>If "</i> Y	rue (comp	ens:	atior						5	Х
Complete this table for your fix compensation from the organi	ve highest compr zation. Report co	ensa	ited i	ndep tion	end for ti	ent d	conti	dar year ending with or with	in the organization's tax ye	ear.	(0)	
Name and	(A) business address							Descrip	(B) tion of services	\dashv	(C) Compen	sation
								· · ·				
2 Total number of independent of received more than \$100,000	contractors (inclu of compensation	ding fron	but the	not l	imite aniz	ed to ation	tho.	se listed above) who	0			

Pa	rt V			f Revenue edule O cont	ains a	respor	ase or note	to any line in thi	s Part VIII		-
				34.5 0 00111	4,110	10000	100 01 11010	(A) Totar revenue	(B) Related or exempt function revenue	(C) Unre ated business revenue	(D) Revenue excludeo from tax under sections 512-514
nts nts	1a	Federated camp	aigns		1a						
Sra	b	Membership due			1b						V.*
A,C	Ç	Fundraising eve	nts		1c						
直	d	Related organiza	ations		1d						
ý E	е	Government grants (co			1e				, and a second		10 mm
tio r	f	All other contributions,	gitts, gra	nts,							
宣축		and similar amounts no	x include	d above	1f		51,465				
Contributions, Gifts, Grants and Other Similar Amounts	g	Moneash contributions	included	in lines la-lf	1g	s	5,400				
<u> </u>	h	Total. Add lines	1a-1f				, 🕨	51,465			
							Business Code				
8	2a	•									
بو چُ	ь	•									
Program Service Revenue	С										
Rev	d										
Ĕ.	9								_		
_	f	All other program									
_		Total. Add lines									W ***
	3	Investment inco		_	is, inte	rest, and					
		other similar am						4,552	4,552		
	4	Income from inv									
	5	Royalties									
				(I) Real		(0)	Personal				
	6a	Gross rents	6a								
	ь	Less: rental expenses	6b						0.000		
	C	Rental inc. or ossi	6c					W 80			
	di 7a	Net rental incom Gross amount from	e or (I								
	/ "	sales of assets		[i] Securities	3	(1)) Other				
		piner than inventory	7a								
her Revenue	b	Less: cost or other									
ve		basis and sales exps.	7b				-				7.7
æ		Gain or (loss)	7 <u>c</u>								
	d	Net gain or (loss					<u>P</u>				
ō	8a	Gross income from	i lundra	ising events							100
		(not including \$									
		of contributions rep			l _						
		See Part IV, line 18	· · · · · ·		8a						
		Less: direct expo			8b						
		Net income or (I-		-	events						
	9a	Gross income from									
		See Part IV, line 19	,	•••••	9a 9b						
		Less: direct expo									
	l .	Net income or (le	-		vities.						
	iva	Gross sales of in			10-						
	L .	returns and allow Less: cost of go	vance:	s 	10a 10b						
		Net income or (I									
10		Het moonle or (I	اا (ددد	om sales of IIIV	sniety.		Business Code				
Miscellaneous Revenue	11a						DESTRUCT COMP		2000000 200000		******
ne	b										
ella	2	• • • • • • • • • • • • • • • • • • • •									
isc Re	٠,	All other revenue									
Σ		Total. Add lines									
_		Total revenue.					<u>F</u>	56,017		0	0

	Check if Schedule O contains a respor			proto coranii pry	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Tata expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV. line 21		Í		
2	Grants and other assistance to domestic		THE COLUMN TWO IS NOT		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		i		
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	123	<u>8</u> 7	18	18
8	Pension plan accruals and contributions (include	İ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	_			
11	Fees for services (nonemployees):				
а	* *************************************	_			<u></u>
b					
C		5,400	4,320	1,080	
d					
е					
f	Investment management fees			_	
g					
	¡Aj amourt, list line 11g expenses on Schedule O.j	2,665	2,596		<u>69</u>
12	• • • • • • • • • • • • • • • • • • • •				
13	Office expenses	758	210		548
14	Information technology		_		
15	Royalties	700	F 0.4		
16	Occupancy	720	504	144	72
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		İ		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 771	0 015		
23	Insurance Charles avanage and account	2,771	2,217	554	
24					
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.J Application Fee	579	579		
a		559		112	110
Ь		339	335	112	112
d					
	All other expenses				
25		13,575	10,848	1,908	819
26		17/7/2	10,040	1,30D	013
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if sollowing SOP 98-2 [ASC 958-720]				
AAC					Ferm 990 (2019)

	Check if Schedule O contains a response or			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			78,930	1	139,355
2	Savings and temporary cash investments		******************	492,099	2	474,005
3	Pledges and grants receivable, net		, i	3		
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or fo	rmer officer, dire	ector,			
İ	trustee, key employee, creator or founder, substan	tial contributor, o	or 35%			
	controlled entity or family member of any of these				5	
6	Loans and other receivables from other disqualified					
	under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)		6	
7					7	
8	Inventories for sale or use		L		8	
9	Prepaid expenses and deferred charges				9	
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	206,458			
þ	Less: accumulated depreciation	10b	838	205,620	10c	205,620
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 1			13		
14	J			14		
15	Other assets. See Part IV, line 11			5,203,290	15	5,203,290
16	Total assets. Add lines 1 through 15 (must equal I	ine 33)		5,979,939	16	6,022,270
17				111	17	
18				18		
19	Deferred revenue			19		
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete Par		and the same of th	21		
22					* 1	
	trustee, key employee, creator or founder, substan					
	controlled entity or family member of any of these				22	
23	0 0				23	
24	Unsecured notes and loans payable to unrelated the Other liabilities (including federal income tax, paya				24	
25	parties, and other liabilities not included on lines 13					
	of Schedule D				25	
26			·····	111	26	
120	Organizations that follow FASB ASC 958, check				20	
	and complete lines 27, 28, 32, and 33.	Chere II				
27				5,672,132	27	5,801,340
27 28				307,696	28	220,930
	Organizations that do not follow FASB ASC 958	3. check here				
	and complete lines 29 through 33.		1		*	
29					29	
30		pment fund			30	
31	Retained earnings, endowment, accumulated inco	me, or other fund	ds		31	
32				5,979,828	32	6,022,270
ĺ	Total liabilities and net assets/fund balances	••••		5,979,939	33	6,022,270

	990 (2019) Virgin River Land Preservation 87-0516535			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		56,	017
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,	575
3	Revenue less expenses. Subtract line 2 from line 1	3		42,	442
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,9	79,	828
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	32, column (B))	10	6,0	<u>22,</u>	270
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			2	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			V A	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		300		
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • • • • • • • • •	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1 30		
	separate basis, consolidated basis, or both:				- 777
	Separate basis Consolidated basis Both consolidated and separate basis				- 33
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			ĺ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on			***************************************	W W
	Schedule O.				- 33
За	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-138?

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

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

Employer identification number 87-0516535

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 \overline{X} 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.) В A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership tees, 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). 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. 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. y 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s).

(i) Name of supported organ zation	(ii) E _i N	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support [see instructions]	(vi) Amount of other support (see instructions)	
			Yes	Na			
(A)							
(B)							
(C)							
(D)			 				
(E)							
·otal							

Schedule A (Form 990 or 990-EZ) 2019

87-0516535

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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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,551	9,723	385,261	441,497	51,465	912,497
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	24,551	9,723	385,261	441,497	51,465	912,497
5	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)						346,392
6	Public support. Subtract line 5 from line 4	46	7				566,105
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	24,551	9,723	385,261	441,497	51,465	912,497
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	612	582	1,058	2,028	4,552	8,932
9	Net income from unrelated business activities, whether or not the business is regularly carried on		_				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						921,429
12	Gross receipts from related activities, etc.	(see instructions)				12	20,225
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her	e			<u></u>	· · · · · · · · · · · · · · · · · · ·	▶ □
Sec	tion C. Computation of Public S						
14	Public support percentage for 2019 (line 6			n (f)}			61.44%
15	Public support percentage from 2018 Sch						%
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, o	heck this	
	box and stop here. The organization qual						▶ <u>X</u>
Ь	33 1/3% support test—2018. If the organ				5 is 33 1/3% or m	ore, check	_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the "ta	icts-and-circumsta	nces" test. The org	janization qualifies	s as a publicly supp	onted	
		O. 1/ 4h			- 106 17		– –
ь	10%-facts-and-circumstances test—20	_					
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me			•		•	
18	supported organization Private foundation. If the organization di	d not check a hove					
10	instructions	a not briedly a work	71 mie 10, 10a, 10	u, ma, or mo, one	SON HITS DOX BITG SE	7 0	▶ □

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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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 💎 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gits, grants, contributions, and membership lees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	*					
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		-				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's fire	t, second, third, fo	ourth, or lifth tax ve	ear as a section 50	1(e)(3)	
	organization, check this box and stop her	•					▶ 🗍
Sec	tion C. Computation of Public St						
15	Public support percentage for 2019 (line 8	, column (f), divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sch						%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2019 (I			3, column (f))		17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2019. If the orga						
	17 is not more than 33 1/3%, check this b						▶ 🗍
ь	33 1/3% support tests—2018. If the orga		-				_
	line 18 is not more than 33 1/3%, check the	is box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	🕨 🖳
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, o	19b, check this b	ox and see instruc	tions	▶ 🔲

Schedule A (Form 990 or 990-EZ) 2019 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.)

ect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			100
	documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			- 333
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			- 337.33
_	organization was described in section 509(a)(1) or (2).	2	_	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			200000
	(b) and (c) below.	3a		
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)? If "Yes," describe in Part VI when and how the			333
	organization made the determination,	_3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? 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.	4b		
С	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)? 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)			-00.00
5a	purposes. Did the executation add, substitute, or remove pay supported executations during the ten year? If "Ver"	4c		
อล	Did the organization add, substitute, or remove any supported organizations during the tax year? 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;			200
	(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).	50		20000000
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b	0000	0.00000
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	35		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			77.7
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			0.0
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	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			100
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			200000
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			111.00
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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? If "Yes," provide detail in Part VI.	9b		

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? If "Yes," provide detail in Part VI.

Was the organization subject to the excess business holdings rules of section 4943 because of section

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

9c

10a

10a

<u>Virgin_River_Land Preservation</u> 87-0516535 Schedule A (Form 990 or 990-EZ) 2019 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a 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? 11a 11b **b** A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 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? 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. 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? 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. Section C. Type II Supporting Organizations Yes No 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)? 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). Section D. All Type III Supporting Organizations Yes No 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? 1 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? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). а The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes Νø a 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? 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. 2a 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? 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. 2b Parent of Supported Organizations. Answer (a) and (b) below. a 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? Provide details in Part VI. За Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			Pag
1, Check here if the organization satisfied the Integral Part Test as a qualifying trust			See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2000		
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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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 Distributable Amount. 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 intent	rated Type III	supporting organization	leee

Parl	V Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	535 Page 7		
Secti	on D - Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes					
	Amounts paid to supported digarillations to accomplish exampt purposed amounts paid to perform activity that directly furthers exempt purposed in the performance of					
~						
3	Administrative expenses paid to accomplish exempt purposes of sup	pported organizations		_		
4	Amounts paid to acquire exempt-use assets Outlified not paid a prounts (prior IDS apprount required)					
5	Qualified set-aside amounts (prior IRS approval required)					
<u>-6</u>	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organ	ization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 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	(iii) Distributable		
1	Distributable amount for 2019 from Section C, line 6		Pre-2019	Amount for 2019		
	Underdistributions, if any, for years prior to 2019					
-	(reasonable cause required-explain in Part VI). See			7,000		
	instructions.			***		
3	Excess distributions carryover, if any, to 2019					
a	From 2014					
	From 2015					
	From 2016	*				
	From 2017			N-A		
	From 2018					
	Total of lines 3a through e					
	Applied to underdistributions of prior years			- F		
	Applied to 2019 distributable amount					
<u>''</u>						
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$	ty.				
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015		***			
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019 ...

SCHEDULE D (Form 990)

Departmen; of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public

Inspection

Name of the organization Employer identification number Virgin River Land Preservation <u>Association,</u> Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Dono: advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) X Preservation of a historically important land area X Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 10 Total acreage restricted by conservation easements 146. 00 2b c Number of conservation easements on a certified historic structure included in (a) Π Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0 Number of states where property subject to conservation easement is located ▶ 1 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? X Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 20 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$ 1,668 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X ...

following amounts required to be reported under FASB ASC 958 relating to these items:

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

S

Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Ves" on Form 990, Part IV, line 11a, See Form 990, Part V, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other bas s (other)	(c) Accumulated depreciation	(d) Book valua	
1a Land		205,620		205,620	
b Buildings					
c Leasehold improvements					
d Equipment					
e Other		838	838		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2019

DAA

	Complete if the organization answered "Yes" o			
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of va Dost or end-of-year r	
(1) Figancial			Out of elle-o-year i	IIIANS VAIGE
(2) Glosely h	derivatives eld equity interests			
(3) Other	and equity more de			
			_	
4000				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Methad of va	
			Cost or end-of-year r	narket value
(1)				
(2)				
(4)			· -	
(5)	-		 	
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	<u>n Form 990, Part IV, li</u>	<u>ne 11d. See Form 990, Pa</u>	rt X, line 15.
	(a) Sescription			(b) Book value
(1)	Conservation Easements	3		<u>5,075,</u> 915
(2)	Water Rights			127,375
(3)			1	
(4)				
(5)	_			
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)	n (b) must equal Form 990. Part X. col. (B) line 15.1			5.203.290
(5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	5,203,290
(5) (6) (7) (8) (9) Total, (Column	Other Liabilities.			
(5) (6) (7) (8) (9) Total, (Column	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25.			5 , 203 , 290 90, Part X,
(5) (6) (7) (8) (9) Total, (Column	Other Liabilities. Complete if the organization answered "Yes" o			
(5) (6) (7) (8) (9) Total. (Coium Part X	Other Liabilities. Complete if the organization answered "Yes" o line 25.			90, Part X,
(5) (6) (7) (8) (9) Total. (Colum. Part X	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,
(5) (6) (7) (8) (9) Total. (Colum. Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,
(5) (6) (7) (8) (9) Total, (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,
(5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of Fiability			90, Part X,

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Part XI Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the order support per audited francial statements 1 Total levenue, gafas, and other support per audited francial statements 2 Announis included on line to the not in Form 990, Part VIII, line 12: a Not unrealized gaine lossee) on invastments 5 Donated services and use of includies 6 Recovering of plan years grants 6 Chief (Secretia in Part XIII) 6 Add lines 2 at through 2d. 3 Subtract line 2 at from line 1 a Invastment expenses and included on Form 990, Part VIII, line 12; but not on line 1: a Invastment expenses and included on Form 990, Part VIII, line 12; but not on line 1: a Invastment expenses and lesses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part VI, line 12: a Phonounis clouded on line in VIII. 1 Total expenses and lesses per audited francial statements 1 Total expenses and lesses per audited francial statements 1 Total expenses and lesses per audited francial statements 2 Department of the VIII. 3 Department of the VIII. 4 Department of the VIII. 4 Department of the VIII. 5 Department of the VIII. 6 Department of the VIII. 6 Department of the VIII. 7 Department of the VIII. 8 Department of the VIII. 8 Department of the VIII. 9 Departme	Schedule D (Form 990) 2018 Virgin River Land Preserva			Page 4
1 Total sevence, gains, and other support per sudfied financial statements. 2 Announts included on line 1 but not on Form 990, Part VI, line 12: 2 Notes included on line 1 but not on Form 990, Part VIII, line 12: 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 2 Notes (Describe in Part XIII). 3 Notes (Describe in Part XIII). 3 Notes (Describe in Part XIII). 4 Notes (Describe in Part XIII). 4 Notes (Describe in Part XIII). 5 Note (Describe in Part XIII). 5 Note (Describe in Part XIII). 5 Note (Describe in Part XIII). 5 Note (Describe in Part XIII). 5 Note (Describe in Part XIII). 5 Note (Describe in Part XIII). 6 Note (Describe in Part XIII). 6 Note (Describe in Part XIII). 6 Note (Describe in Part XIII). 7 Note (Describe in Part XIII). 8 Note (Describe in Part XIII). 8 Note (Describe in Part XIII). 9 Note (Describe in Part XII				
2 Anounte included on line 1 but not no Form 990, Part VII, line 12: a Nat unmailtage dignis [Dissel] on investments b Donated services and use of facilities c Recommina of pricy year grants d Other (Describe in Part XIII,) e Add lines 2 at through 2d 3 Subbact line 2a from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses on included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses on included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total sevenues and uses per audited financial estatements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and uses per audited financial estatements b Prior year adjustments c Other losses d Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25. a Subbraciline 2e from Ine 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lines but not on Form 990, Part IX, line 25 and 1 an				
a Naturealized gains (pases) on investments b Domada Services and use of leadilities c Recoverage of prior year grants d Other (Describe in Part XIII.) c Add lines 2a through 2d d Annourish (moded on Form 990, Part VIII.) Into 12. but not on line 1: a investment expenses not included on Form 990, Part VIII. Into 12. but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 4a and 4c. (This must equal Form 990, Part V III. Into 12) b Other (Describe in Part XIII.) c Add lines 6a and 4d b c Add lines				
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d Other (Describe in Part XIII.) e Add lines 2 strongly 2d 3 Subtact line 2s from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included an Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included an Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included an Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included an Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and losses per addited financial statements With Expenses per Return. Complete II the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per addited financial statements with expenses per Return. Complete II the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per addited financial statements with expenses per Return. Complete II the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and lines 1 to the form 990, Part IX, line 25: a Donated services and use of facilities 2 a Donated services and use of facilities 2 b Donated services and use of facilities 2 b Donated services and use of facilities 2 a Donated services and use of facilities 3 a Donated services and use of facilities and the facility of the facility	Becovering of prior year grants	20		
e Add ines 2 at though 2 d. 3 Subtract inex expenses not included on Form 990, Part VIII, line 12, but not on line 1: 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12). FPAT XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losees per audited financial statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losees per audited financial statements 2 Amounts included on In a 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add ince 3 at through 2 2 3 Subtract line 26 from line 1 4 Amounts included on Form 990, Part XI, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 12, line 12 at 1, line 25 and 4e. And 1 line 1 line 2 and 1 line 2 line 2 line 2 line 2 line 2 line 2 line 2 line 2 line 2 line 2 line 2 line 2 line 2 line 3 l	d Other (Describe in Part XIII)	2d		
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Part V, Line 4 - Intended Uses for Endowment Funds				<u> </u>
	received at their appraised value.			
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The funds have been restricted to use for the organization's land		CITO I GIIGO		
	The funds have been restricted to use for	the organi	zation's land	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Virgin River Land Preservation

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

07 0516525

ASSOCIACION, INC. 87-0316333
Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The organization has members. Membership is granted for one year following
a membership contribution.
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Form 990, Part VI, Line 7a - Election of Members and Their Rights
Per the organization's bylaws, at the annual meeting of members, the
members shall elect persons to fill one-half of the vacancies on the Board
of Trustees which come up for election in any year.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The projects director assists the accountant in the preparation of Form
990. The board of trustees reviews drafts of the form as it is being
prepared, including at least one review in a regular board meeting. The
board reviews and votes to approve the final draft of Form 990 before it is
submitted.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Each trustee and officer is required annually to read the Conflict of
Interest Policy and sign acknowledgment. Though the policy requires
covered persons to declare conflicts, the agenda of meetings includes an
agenda item for trustees and officers to declare any foreseen conflicts of
interest at the start of the meeting.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Currently, the organization does not have paid management and none of the

Assessment	Fees	.,,,,				
	.\$	820	\$	0	\$	0
PayPal Fee	es					
	\$	0	\$	0	\$	69
Program Se	ervices D	irector	····			
	\$	1,776	\$	0	\$	0
	Total					
	\$	2,596	\$	0	<u>\$</u>	69

Paqe 1 of

Schedule O (Form 990 or 990-EZ) (2019)