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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public Inspection

	ment of th Revenue	e Treasury	The organization may have to use a co	ist or private foundat		enorting requirements	Open to Public inspection
						EP 30, 2012	шарволон
B Ch			organization	, 2012		D Employer identifica	tion number
abt	olicable		3-				
	Address change	WEST	ERN NATIONAL PARKS ASS	OCIATION		j	
	Name change	Daing B	siness As			86-01	07049
	initial return		and street (or P.O. box if mail is not delivered to		Room/sulte	E Telephone number	
	Termin- ated		NORTH VISTOSO VILLAG	E DR.			22-1999
	Amendad return Appilca-	City or t	wn, state or country, and ZIP + 4			G Gross receipts \$	9,864,343.
	tion pending		ON, AZ 85755	700%		H(a) is this a group retu	
		F Name a	ad address of principal officer: JAMES E	. COOK		for affiliates?	Yes X No
			AS C ABOVE K 501(c)(3)	ert no.) 4947(a)(1)	or 527	H(b) Are all effiliates included the house of the house o	ded?Yes No it (see instructions)
			WNPA.ORG	4947(8)(1)	UI	H(o) Group exemption	•
		ganization:	Corporation Trust X Association	Other >	L Year	of formation: 1938 M.S	
Par		ummary				,	
	1 Br	efly describ	the organization's mission or most significa	ant activities: ADVA	NCE EE	UCATION,	
Ĕ	<u>I</u>	NTERPR	ETATION, RESEARCH, & C	OMMUNITY EN	GAGEME	INT OF NATION	AL PARKS.
Governance	2 C	neck this bo	if the organization discontinued	its operations or dispo	sed of mon	than 25% of its net asse	
ě	3 No	umber of vo	ng members of the governing body (Part VI,	, line 1a) <u></u>		3	15
æ]	4 Nu	umber of inc	ependent voting members of the governing	body (Part VI, line 1b)	***		15
Activities &			of individuals employed in calendar year 201	1 (Part V, line 2a)		5	142
₹						6	0.2
<u>ا</u> ک			business revenue from Part VIII, column (C			. 7a 7b	0.
-+	D NE	et unrelated	business taxable Income from Form 990-T, li	пө 34	····	Prior Year	Current Year
_ [8 Cd	ontributions	and grants (Part VIII, line 1h)		-	63,645.	79,120.
<u> </u>						84,320.	82,767.
Revenue		_	ome (Part VIII, column (A), lines 3, 4, and 7d	-		45,822.	44,914.
œ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d	•		4,384,382.	4,741,120.
			add lines 8 through 11 (must equal Part VII			4,578,169.	4,947,921.
T	13 Gr	rants and si	nilar amounts paid (Part IX, column (A), lines	1.3)		720,553.	305,989
- 1	14 Be	enefits paid	o or for members (Part IX, column (A), line 4)		0.	0.
§			compensation, employee benefits (Part IX,		· • •	3,355,806.	3,254,537.
Expenses			indraising fees (Part IX, column (A), line 11e)) ► 69,3	::a:	0.	0.
2			ng expenses (Part IX, column (D), line 25)	· ————		1,149,724.	1,149,534
_			es (Part IX, column;(A), lines 11a-11d, 11f-24			5,226,083.	4,710,060
Í			s. Add lines 13-17 (must equal Part IX, colune expenses. Subtract line 18 from line 12			-647,914.	237,861
28	13 11	GVG:100 1033	expenses, subtract line to nom line 12			eginning of Current Year	End of Year
sets or	20 To	otal assets (Part X, line 16)		_	9,259,504.	9,789,753.
			(Part X, line 26)			456,186.	553,861.
폭티	22_ N	et assets or	fund balances. Subtract line 21 from line 20			8,803,318.	9,235,892.
_		Signatur	 				
			declare that I have examined this return, includin				knowledge and belief, it is
true,	correct,	and chapleti	Declaration of preparer (other than officer) is bas	ed on all information of w	vhich prepare		
	- 11	1	of officer			5/14/1	<u> </u>
Sign		' I'/		TDECMOD /OBC	,	Date	
Here	•		S E. COOK, EXECUTIVE D	TRECTOR/CEC			
		Print/Type pre		er's signature	т	Date Check	II PTIN
Paid	1	• • •		er's signature W. MITCHELI	. CDA	04/29/13 self-employed	P00022644
Prep		rm's name	CLIFTONLARSONALLEN I		-, 01 53	Firm's EIN	41-0746749
Use			335 N WILMOT ROAD, S			THIN G ENG	
	·		TUCSON, AZ 85711			Phone no. (5	20) 790-3500
May	the IRS	S discuss th	s return with the preparer shown above? (se	e instructions)			X Yes No
			or Paperwork Reduction Act Notice, see		tions.		Form 990 (2011

Form	990 (2011) WESTERN NATIONAL PARKS ASSOCIATION 86-0107049 Page	<u>∍ 2</u>
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
_		=
1	Briefly describe the organization's mission:	
	IN PARTNERSHIP WITH THE NATIONAL PARK SERVICE SINCE 1938, WESTERN	
	NATIONAL PARKS ASSOCIATION ADVANCES EDUCATION, INTERPRETATION,	
	RESEARCH, AND COMMUNITY ENGAGEMENT TO ENSURE NATIONAL PARKS ARE	_
	INCREASINGLY VALUED BY EVERYONE.	—
_		
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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?	No
•	g,	
	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	
4-		$\overline{}$
4a		<u>.</u> ,
	EDUCATION:	
	THE ASSOCIATION PLAYS A SIGNIFICANT ROLE IN CONNECTING PEOPLE TO PARKS	
	THROUGH EDUCATION. THE 80 PARK STORES IN NATIONAL PARK VISITOR CENTERS	
	STAFFED AND OPERATED BY WNPA OFFER THOUSANDS OF BOOKS AND PRODUCTS THA	
		- -
	PROVIDE MEANING AND LONG-TERM CONNECTIONS TO THE PARKS FOR VISITORS.	
	WNPA OPERATES IN 12 STATES AND 66 NATIONAL PARKS. TO FURTHER ITS	
	MISSION, WNPA HAS BEEN PUBLISHING EDUCATIONAL BOOKS AND PRODUCTS SINCE	
	1938. MORE THAN 200 PUBLICATIONS ARE CURRENTLY IN PRINT, WITH MANY	
	AWARD WINNERS AMONG THEM. NEW LITERATURE IS PUBLISHED ANNUALLY,	
	INCLUDING PARK-RELEVANT ITEMS AVAILABLE TO VISITORS AT NO CHARGE. AT	
	ITS HEADQUARTERS IN TUCSON, AZ, WNPA HOSTS FOUR FREE WEEKLY EDUCATIONA	ī
	PRESENTATIONS, AT WHICH ATTENDANCE EXCEEDED 12,000 IN 2012. ALSO IN	
		
4b		— '
	DONATIONS TO NPS:	
	IN ADDITION TO PROVIDING EDUCATIONAL OPPORTUNITIES THROUGH NATIONAL	
	PARK STORES, WNPA MAKES DIRECT DONATIONS TO THE NATIONAL PARKS IN	—
	SUPPORT OF CULTURAL, HISTORICAL AND EDUCATIONAL ACTIVITIES DEVELOPED B	V
		<u> </u>
	PARK RANGERS. THESE ACTIVITIES ENHANCE VISITOR EXPERIENCE, PROVIDE	
	OPPORTUNITIES TO CONNECT WITH YOUTH, AND ENGAGE THE LOCAL COMMUNITY.	
	NUMEROUS EVENTS WERE FUNDED DURING THE YEAR IN NATIONAL PARKS. EVENTS	
	INCLUDED AN INTERNATIONAL YOUTH INDIGENOUS CULTURAL EXCHANGE, LIVING	
	HISTORY DEMONSTRATIONS AND ENCAMPMENTS, SEVERAL CULTURAL FESTIVALS,	
	JUNIOR RANGER CAMPS, ART EXHIBITIONS, AND ARCHEOLOGICAL AND	
	GEOGRAPHICAL SURVEYS. IN ADDITION, WNPA PROVIDED FUNDING FOR OTHER	
	ORGANIZATIONS WITH SIMILAR MISSIONS INCLUDING PARKS IN FOCUS, CAMP	
		
4C	(Code) (Expenses \$ 59,544. including grants of \$ 59,544.) (Revenue \$	ر —
	RESEARCH:	
	THE ASSOCIATION SUPPORTS SCIENTIFIC RESEARCH IN NATIONAL PARKS WITH	
	GRANTS AWARDED TO QUALIFIED INDIVIDUALS AND INSTITUTIONS. GRANTS ARE	
	USED TO SUPPORT A WIDE RANGE OF RESEARCH PROJECTS THAT HELP TO CREATE	Δ
	BETTER UNDERSTANDING OF THE PARKS, INCLUDING THE NATURAL RESOURCES; TH	<u>. E.</u>
	CULTURE AND HERITAGE OF THE PEOPLE WHO ONCE LIVED THERE; AND THE	
	SOCIAL, ECONOMIC AND POLITICAL HISTORY AT THE PARK SITES. IN FISCAL	
	2012, WNPA AWARDED SEVEN NEW RESEARCH GRANTS TOTALING \$43,206 TO	
		=
	AFFILIATED PARKS. TWENTY-ONE FUNDED PROJECTS WERE IN PROCESS DURING TH	.E_
	YEAR, FOURTEEN OF WHICH WERE COMPLETED. SINCE INCEPTION, WNPA HAS	
	FUNDED MORE THAN \$2 MILLION FOR RESEARCH IN THE PARKS.	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,846,115.	
	Form 990 (20	311)
	1 0/11 0 0 1/2 1	

Form 990 (2011) WESTERN NATIONAL PARKS ASSOCIATION

Part IV | Checklist of Required Schedules

- 41	t IV Checklist of Required ochecules	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			_:,,
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	•	}	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	<u> </u>	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	l	X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	 	
G		11c		x
d				
ď	Part X, line 16? If "Yes," complete Schedule D, Part IX	110		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ
	Schedule D, Parts XI, XII, and XIII	12a	X	↓
þ	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	· · · · · · · · · · · · · · · · · · ·	14a	\vdash	+
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	 13	t —	T =
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			T
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	₩-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	₩-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2011)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
-	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	L
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		i	
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X
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	25b	_	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
~~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		 ^ -
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	l	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			 -
w	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		}	
	If "Yes," complete Schedule N, Part I	31	—	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32	₩	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	┢┻-
34	Was the organization related to any tax-exempt or taxable entity?		İ	x
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	 	X-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	+=-
D	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	ŀ	х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100	 	 -
30	1/ B/ B 1 1 - 0 /- 1 /- 0 B- 1 / 1 0	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		†	†
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form 990 (2011) WESTERN NATIONAL PARKS ASSOCIATION 86-0107049 Page

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 to any question in this Part VI		<u></u>	·· ···		<u></u>	<u>LXI</u>				
Sec	tion A. Governing Body and Management										
				_	\rightarrow	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15	1						
	If there are material differences in voting rights among members of the governing body, or if the governing				- 1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ļ	- 1	1						
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		15	l						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	_			ı				
	officer, director, trustee, or key employee?	•		[2		Х				
3											
•	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's as	_			5		X				
6	Did the organization have members or stockholders?		•		6	X					
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nogan	t one or	```	1						
•	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			·							
_	persons other than the governing body?		,	.	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:	··· -							
_	The governing body?	,	g -	- 1,	8a	X	1				
ь	Each committee with authority to act on behalf of the governing body?			" T	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the	F							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	4004	ut 0.10	1	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the internal I	Reveni	ue Code.)								
	tion of the country in a country in the country in					Yes	No				
100	Did the organization have local chapters, branches, or affiliates?			Г.	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such		rs affiliates	· -			†				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	J. 100	, c,	-	10b						
11a	the state of the s										
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1.	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	⊢	12b	X	1				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			_ -							
·	In Schedule O how this was done	,		- .	12c	Х					
13		••••	• • • • • • • • • • • • • • • • • • • •	· 1-	13	X					
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			-	14		X				
15	Did the process for determining compensation of the following persons include a review and appro-	val by	independent	∵ ├	-						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		паеренаен				1				
_		•		- 1.	15a	Х	1				
a	The organization's CEO, Executive Director, or top management official			_	15b	X	 				
ь	Other officers or key employees of the organization	• ••		" -	.00						
16-	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 arrangements.	ament	with a			1	1				
108		SILIGIT	Witti	l.	16a		х				
	taxable entity during the year?			· · -	104		 				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th						ł				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	arıızau	ons	- 1.	16b		l				
800	exempt status with respect to such arrangements?				IGD						
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AZ, CA, OK, NM,	ייין)	O KS								
17				alu) au	allah	Ja.					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-1 (360	, (10) (3) (10) (3) (3)	ııyı azv	anau						
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request										
		nontle-	of interest selici	, ,,,,,,	fina	ocial					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	JUNITIC	or marest ponc)	, ai iu	ni iai	icial					
	statements available to the public during the tax year		eards of the are-	M1744.	.n. Þ						
20	State the name, physical address, and telephone number of the person who possesses the books DANA GARZA, CHIEF FINANCIAL OFFICER $-520-622-199$	andre G	cords or the orga	i nzati	JI 1.	_					
		755									
	12000 MORIT VISIOSO VILLAGE DRIVE, 100SON, AZ 65	, , ,									

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

(A)	(B)			_ (0				(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one				then	one	Reportable	Reportable	Estimated		
	hours per week	box, unless person is bo officer and a director/tru						compensation from	compensation from related	amount of other		
	(describe	ţ			Γ			the	organizations	compensation		
	hours for	r director			1	8		organization	(W-2/1099-MISC)	from the		
	related	Trustee Or	nstee		١	ensat		(W-2/1099-MISC)		organization		
	organizations	al tru:	nal (r		loyee	g s		İ		and related		
	in Schedule O)	Individual	Institutional trustee	Отісег	Key em	Highest compensated employee	ormer			organizations		
(1) BILL BROYLES												
DIRECTOR	2.00	X			<u> </u>	_	_	0.	0.	0.		
(2) KIM SIKORYAK					1		ŀ	1				
DIRECTOR	2.00	Х			<u> </u>		\perp	0.	0.	0.		
(3) BETH VERSHURE					ŀ			1				
DIRECTOR	2.00	X			L			0.	0.	0.		
(4) JEFFREY FROKE, PH.D.	1											
DIRECTOR	2.00	X			<u> </u>	lacksquare		0.	0.	0.		
(5) CHRISTINE R. SZUTER, PH.D.	1 4 00	, ,		,			ļ					
SECRETARY/TREASURER	4.00	Х		X	<u> </u>	_		0.	0.	0.		
(6) JAMES BROOKS, PH.D.	4 00	.,		x	ŀ			0.	0.			
CHAIRMAN (7) EUGENE GIESELER, ESQ.	4.00	X		^	⊢	⊢	_	0.	0.	0.		
DIRECTOR	2.00	x			ł			0.	o.	0.		
(8) NANCY LANBY	+ 2.00			-	├─	┢	-	-	•	•		
VICE CHAIRMAN	4.00	x		х			ŀ	0.	0.	0.		
(9) CARLA VAN WEST, PH.D.		П			\vdash	\vdash	┢					
DIRECTOR	2.00	х				l	ŀ	0.	0.	0.		
(10) MARILYN ALKIRE					_							
DIRECTOR	2.00	X				Ì		0.	0.	0.		
(11) SUE SIRKUS												
DIRECTOR	2.00	X					ŀ	0.	0.	0.		
(12) DAVID LAIRD												
DIRECTOR	2.00	X						0.	0.	0.		
(13) WILLIAM SHAW, PH.D.												
DIRECTOR	2.00	X						0.	0.	0.		
(14) KAREN WADE												
DIRECTOR	2.00	X				L		0.	0.	0.		
(15) EDNA ROMERO												
DIRECTOR	2.00	X						0.	0.	0.		
(16) CAROL SCHWALBE		_		•	Ì			_		_		
DIRECTOR	2.00	X		<u> </u>	L.	ļ	$oxed{oxed}$	0.	0.	0.		
(17) ROBERT TAYLOR	1			l						_		
DIRECTOR	2.00	X				<u>L</u>	L_	0.	0.	0.		

WESTERN NATIONAL PARKS ASSOCIATION

86-0107049

Form 990 (2011)

132009 01-23-12

Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Unrelated Total revenue Related or excluded from tax under sections 512, exempt function business revenue revenue 513, or 514 1 a Federated campaigns 58,176. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 20,944. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 79,120 h Total. Add lines 1a-1f Business Code 70,648. 12,119. 70,648. 2 a INTERPRETIVE & EDUCATI 900099 b FEE BASED PROGRAM REVE 900099 12,119. đ f All other program service revenue 82,767. Total. Add lines 2a-2f Investment income (including dividends, interest, and 39,064 39,064. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses . . . c Rental income or (loss) d Net rental income or (loss) . (i) Securities 7 a Gross amount from sales of (ii) Other 5,850. assets other than inventory **b** Less: cost or other basis and sales expenses 5,850. c Gain or (loss) d Net gain or (loss) 5,850. 5,850. 8 a Gross income from fundraising events (not Revenue including \$ of contributions reported on line 1c). See Other **b** Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 9,625,546 and allowances 4,916,422 4709124. 4709124. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 20,039 20,039 11 a COMMISSION INCOME b MISCELLANEOUS INCOME 11,957. 900099 11,957. C d All other revenue 31,996. e Total. Add lines 11a-11d 4947921. 0. 4811930. 56,871. 12 Total revenue. See instructions.

Form 990 (2011) WESTERN NATION 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to governments and	300 610	300,619.		
	organizations in the United States. See Part IV, line 21	300,619.	300,013.		
	Grants and other assistance to individuals in	5,370.	5,370.		
	he United States. See Part IV, line 22	3,370.	3,370.		
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	Juited States See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	220 576	167 066	172,510.	
	rustees, and key employees	339,576.	167,066.	172,510.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 260 249	2 007 000	226 171	25 079
	Other salanes and wages	2,269,248.	2,007,099.	226,171.	35,978
	Pension plan accruals and contributions (include	E 7 2 4 7	E2 422	2 202	622
	section 401(k) and section 403(b) employer contributions)	57,347.	53,433	3,282.	632 2,985
9 (Other employee benefits	338,212.	283,699.		3,334
O F	Payroll taxes	250,154.	203,505.	43,315.	3,334
1 8	Fees for services (non-employees):				
a I	Management				
bl	_egal				
c /	Accounting				
	Lobbying				
e F	Professional fundraising services. See Part IV, line 17			<u> </u>	
f I	nvestment management fees				
g (Other	106,983.	9,206.	71,972.	25,805
	Advertising and promotion	121,780.	121,780.		
3 (Office expenses	63,594.	29,008.	34,586.	
	nformation technology				
	Royalties	16,258.	16,258.		
	Occupancy	119,736.	85,231.	34,366.	139
	Travel	108,834.	86,461.	22,255.	118
8	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials	J			
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	93,806.	70,073.	23,669.	64
	Inclimates	38,173.	6,257.	31,916.	
	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 0.)				
	CREDIT CARD & OTHER SEL	281,232.	281,232.		
	CREATIVE SERVICES CONTR	54,479.	54,479.		
	PAYROLL PROCESSING & OT	45,589.	20,208.	25,381.	····
	MISCELLANEOUS EXPENSE	37,710.	21,435.	15,971.	304
		61,360.	23,696.	37,664.	
	All other expenses Total functional expenses. Add lines 1 through 24e	4,710,060.	3,846,115.	794,586.	69,359
	Joint costs. Complete this line only if the organization	±,,±0,000.	2,040,113.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	reported in column (B) joint costs from a combined				
	, , , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (201

			(A)		(B)
			Beginning of year		End of year
- 1	1	Cash - non-interest-bearing	611,788.	1	915,629
	2	Savings and temporary cash investments	696,417.	2	804,022.
- 1	3	Pledges and grants receivable, net	NA 0.55	3	1,820.
- 1 -	4	Accounts receivable, net	92,065.	4	118,431
- -	5	Receivables from current and former officers, directors, trustees, key			
-		employees, and highest compensated employees. Complete Part II			
-		of Schedule L		5	
- 1	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,493,884.	8	4,370,091
	9	Prepaid expenses and deferred charges	50,909.	9	45,227
1	0a	Land, buildings, and equipment: cost or other	= -		
-		basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 3,860,793. 10b 1,756,886.			
	b	Less accumulated depreciation 105 1,756,886.	2,101,814. 1,212,627.	10c	2,103,907 1,430,626
1	1	Investments - publicly traded securities	1,212,627.	11	1,430,626
1:	2	Investments - other securities. See Part IV, line 11	<u></u>	12	
1:	3	Investments · program-related. See Part IV, line 11		13	
1.	4	Intangible assets		14	
1:	5	Other assets. See Part IV, line 11		15	
10	6	Total assets. Add lines 1 through 15 (must equal line 34)	9,259,504.	16	9,789,753
1	7	Accounts payable and accrued expenses	384,303.	17	443,378
10	8	Grants payable		18	
1:	9	Deferred revenue		19	
2	0	Tax-exempt bond liabilities		20	
2	1	Escrow or custodial account liability Complete Part IV of Schedule D	71,883.	21	110,483
2	2	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II			
-		of Schedule L	,	22	
2	3	Secured mortgages and notes payable to unrelated third parties		23	
	4	Unsecured notes and loans payable to unrelated third parties		24	
	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	ı,
2	6	Total liabilities. Add lines 17 through 25	456,186.	26	553,861
1		Organizations that follow SFAS 117, check here X and complete			.,
		lines 27 through 29, and lines 33 and 34.			
ا	7	Unrestricted net assets	8,803,318.	27	9,235,892
12	8	Temporarily restricted net assets		28	
12	9	Permanently restricted net assets		29	
-		Organizations that do not follow SFAS 117, check here			
		complete lines 30 through 34.			
12	Ю	Constant about a standard and a support for do		30	
3				31	<u> </u>
- 1)1 2	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	· - · · · · · · · · · · · · · · · · · ·
3	2		8,803,318.	33	9,235,892
3	3	Total net assets or fund balances Total liabilities and net assets/fund balances	9,259,504.		9,789,753

Form	990 (2011) WESTERN NATIONAL PARKS ASSOCIATION	86-010	7049	Pag	ge 12	
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,94			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,71			
3	Revenue less expenses. Subtract line 2 from line 1	3			61.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,80			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			13.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,23	<u>5,8</u>	<u>92.</u>	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	· ·				
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	9 O.			x	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	Ь—	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O	ŀ			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a				
	separate basis, consolidated basis, or both:				1	
	X Separate basis Consolidated basis Both consolidated and separate basis			•	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			١	
	Act and OMB Circular A-133?		. 3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b		Щ_	
			Form	990 ((2011)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2011

Open to Public Inspection

Name of the organization

WESTERN NATIONAL PARKS ASSOCIATION Employer identification number 86-0107049

Par	ETT	Reason	for Public Chai	rity Status (All organiz	ations mus	st complet	te this par	t.) See inst	ructions.				
he o	roani			because it is: (For lines						-			
1	<u> </u>		•	•	_	-	-	•					
2	Ħ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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,											
3	╡												
4	亏												_
4 (=	operated in conjunction	with a nos	pital desci	noed in se	ction 170	пдаді да	n. Enter tr	e nospitai	s nam	₽,
ے ر	\neg	city, and stat		hanafé af a sallasa as sa									
5 L		_		benefit of a college or ur	niversity ov	wnea or of	perated by	a governi	nentai uni	i describe	a in		
	_		(b)(1)(A)(iv). (Compl	·									
6 L	⇉		_	nent or governmental unr									
7 L		_		ceives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic desc	ribed i	n
_		-	b)(1)(A)(vi). (Comple	•									
8	,	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 L	X.	An organizati	on that normally red	ceives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, and	d gross red	ceipts	from
		activities rela	ted to its exempt fu	nctions - subject to certa	ain exception	ons, and (2) no more	than 33 1	/3% of its	support f	rom gross	ınvest	ment
		income and i	inrelated business t	taxable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	inization a	fter June 3	0, 197	5.
_	_		509(a)(2). (Complet	•									
10 F		An organizati	ion organized and o	perated exclusively to te	st for publi	c safety S	See sectio	n 509 (a)(4	i).				
11 L		An organizati	on organized and o	perated exclusively for the	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes c	of one	or
		more publicly	supported organiz	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	2). See se c	tion 509 (a)(3). Che	ck the box	that	
		describes the	e type of supporti <u>ก</u> g	organization and compl	ete lines 1º	1e through	11h.						
_		a L Type I		••			tionally in				Type III - 0		
e L		By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
		foundation m	anagers and other	than one or more publich	y <mark>support</mark> e	d organiza	ations des	cnbed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check t	his box	.,								
g		Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pen	sons?			
		(i) A person	n who directly or inc	directly controls, either al	lone or tog	ether with	persons o	lescribed i	in (ii) and (iii) below,		Yes	No
		the gove	eming body of the s	upported organization?						, ,.	. 11g(i)		
		(ii) A family	member of a perso	n described in (i) above?							. 11g(ii)		
				a person described in (i) o		_					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization((s).							
(i) N	ame	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did yo	u natify the	(yi) is		(vii) An	nount o	f
(,,		janization		organization (described on lines 1-9	in col. (i) listed in your		organizat		organizatio (i) organiz	ed in the	• ,	port	•
	-		}	above or IRC section	governing	document?	(i) of you	r support?	U.S	?	•		
				(see instructions))	Yes	No	Yes	No	Yes	No			
			}			}	1	[] [
				†						† · · · · †			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Connect With Us



Who We Serve

What We Do

About Us

Cause Centers

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The only free pre-grant due-diligence product for private foundations that is 100 percent compliant with increasingly complex IRS requirements.

Organization Name

Frequently Asked Questions

WESTERN NATIONAL PARKS ASSOCIATION

Address:

12880 N VISTOSO VILLAGE DR

ORO VALLEY, AZ 85755-8797

UNITED STATES

Charity Tax ID:

86-0107049

Organization Type:

Supporting organization

Section 509(a)(3)

Categories Served:

<u>Hıde</u>

- Arts & Culture
 - Historical site, records or reenactment
- Education
 - Historical site, records or reenactment
 - o Other school related activities
- Environment
 - Preservation of natural resources (conservation)

◀ Back

Supporting Organization

This entity is classified as a supporting organization and is subject to additional rules imposed by the IRS. Before a private foundation can make a grant to this entity, the foundation must determine if the entity is classified as the type of supporting organization that requires the exercise of expenditure responsibility.

Per IRS Business Master File dated:

09/09/2013

Validated per Internal Revenue Bulletin dated: 08/19/2013

Income:

\$ 9,864,343 00

Reported for Tax Year:

09/01/2012

Fiscal Year:

Oct 1 to Oct 1

Assets:

\$ 9,789,753 00

IRS Ruling Date:

02/01/1942

Foundation // Source

55 Walls Drive Fairfield, CT 06824 Phone: 800-839-0054 Fax: 800-839-1764

Who We Serve New Foundations **Existing Foundations** Wealth Advisors

Attorneys

What We Do Overview of Services

Online Resources Advisory Services

Administrative Support

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About The Company About Our Clients Company History Leader Team Client Stones News & Press

Releases Strategic Alliances Contact Us

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Existing Foundations Wealth Advisors & Attomeys

Tools

Charity Directory Cause Center GrantSafe

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