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Form **990**

232001 12-10-12

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

2012
Open to Public Inspection

•	A F	or the	2012 calendar year, or tax year beginning	and ending				
	B Ch	eck if	C Name of organization		D Employer identifica	tion number		
		Addres	Western Conservation Action					
	F	Name change						
	F	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/si	20-80914 uite E Telephone number			
	一	Termin	· 1	510	1 - '	4070		
	严	Amenc		p10	720 - 249 - G Gross receipts \$			
	尸	Jreturn Applica			H(a) Is this a group retu	110,107.		
		Jtion pendin			for affiliates?	Yes 🗓 No		
			same as C above		H(b) Are all affiliates include			
	. 7	32.020		a)(1) or				
			e: N/A	مرزا ۱ در ا	_	st. (see instructions)		
			organization: x Corporation Trust Association Other		ear of formation: 2006 MS			
	Pa		Summary	1 1	ear of formation. 2006 1 M 3	State of legal domicile: co		
			Briefly describe the organization's mission or most significant activities Inc					
	Activities & Governance		effectiveness & political power of Western Conservation N		strength.	·		
	ğ		Check this box In the organization discontinued its operations or continued its operat		pore than 25% of its not see			
	Ş		Number of voting members of the governing body (Part VI, line 1a)	rishosed of II	1.1	:ts.		
	ဗိ		Number of voting members of the governing body (Fart VI, line Va) Number of independent voting members of the governing body (Part VI, line	. 1b\	3 4	<u></u>		
	න්		Total number of individuals employed in calendar year 2012 (Part V, line 2a)	,	<u> </u>	2		
	ţį		Total number of individuals employed in calendar year 2012 (Fart V, line 2a).		5	4		
	Ę		Total unrelated business revenue from Part VIII, column (C), line 12	•	F	2		
	٩		Net unrelated business teveride from Fait Viii, column (c), line 12		7a 7b	<u> </u>		
	\rightarrow		Net unrelated business taxable income norm of orm 950-1, line 54			0.		
		۰	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year		
	Revenue				276,000.	110,000,		
	Ne		Program service revenue (Part VIII, line 2g)		0.			
O	8		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		148.			
SCANNED AUG			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.			
3	-+		Total revenue - add lines 8 through (Titus) equal Part VIII, eelymn (A), line	12)	276,148.	110,107.		
2			Grants and similar amounts paid (Part IX, Column A) lines 1-3)		17.800.	43,000.		
று		14	Benefits paid to or for members (Part IX, column (A), line 4)	- 10)	0.			
_ <u>~</u>	Expenses		Salaries, other compensation remployee benefits [Figure 1X, document (A), lines 5	5-10)	7,689.	33,484.		
\geq	E		Professional fundraising fees (Part IX, column (A), line 11e)		0.			
Ğ	ਲੱ∣		Total fundraising expenses (Part (A) Column (D) Time 25)	7,408.				
0			Other expenses (Part IX, column (A), Imas 444 14d, (11f 24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	•	112,340,	27,450.		
00					137,829.	103_934.		
20	86	_19	Revenue less expenses Subtract line 18 from line 12		138 319	6,173.		
ಪ	38 E	20	Total assets (Part X, line 16)		Beginning of Current Year	End of Year		
	Bass		Total liabilities (Part X, line 16)	•	252,122.	272,149.		
	Est		Net assets or fund balances Subtract line 21 from line 20	•	1,234.	15 088.		
		rt II	Signature Block		250_888.			
			Ities of perjury, I declare that I have examined this return, including accompanying sch	nedules and sta	tements, and to the hest of my k	rnowledge and helief it is		
			t, and complete. Declaration of preparer (other than officer) is based on all information			ariowicaye and belief, it is		
	1100,	001100	, and complete. Decidation of program of Control than officer / to backe on an information	r or willon prop	C / C	6/12		
	Sign	,	Signature of Officer		Date			
	Here		Courtney M. Cuff, CEO		·			
	пет	•	Type or print name and title					
			Print/Type preparer's name Pregarer's signature		Date Check	PTIN		
	Paid	ĺ	Suzanne K. Engle	Engle	5/31/13 If self-employed	P01375409		
	Prep		(- yu	Firm's EIN	E.0.T.2.1.2.#.0.2		
	Use (THIN S ENV			
	JJU 1	- ···· y	Firm's address 475 Lincoln Street, Suite 200 Denver, CO 80203		Phone no. 303	534 E052		
	—— Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		1 110116110. 303	x Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Pai	rt III Statement of Program Service Accomplishments	8091495 Page Z
· a	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
•	Increase the strength effectiveness and political power of the	
	Western Conservation Movement,	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990 EZ?	Yes X 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? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea-	sured by expenses
·	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	
	revenue, if any, for each program service reported.	
4a)
	Bringing greater relevance to the Western US conservation community	
	through advocacy, educating, and lobbying activities.	
4b	(Code) (Expenses \$) (Revenue \$))
4c	(Code) (Expenses \$)
		
		
4d	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program equips expenses	

20-8091495

			T	l
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
'	If "Yes," complete Schedule A	1		x
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1	
	Schedule D, Part III	_8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			İ
	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		_х
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	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		ļ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		
	Part VI	<u>11a</u>	├	Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	\vdash	_X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	440		,
а	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	11c	 	Х
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	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			<u> </u>
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	1 <u>4b</u>	<u> </u>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	├─	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	X
19	complete Schedule G, Part III	19	1	
2∩->	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 -	1
			000	(0010

Form 990 (2012) Western Conservation Action Part IV Checklist of Required Schedules (continued)

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), ine 17 if "res," complete Schedule I, Parts I and if I 2 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 27 if "res," complete Schedule I, Parts I and IiI 2 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 27 if "res," complete Schedule I, Parts I and IiI 2 Did the organization in 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 "res," answer lines 24th through 24th and complete Schedule J. Port IV Tes, "answer lines 24th through 24th and complete Schedule A. If "No." go id here 25s etc." If "No." go id					
United States on Part IX, Column (A), the 17 if "Yes," complete Schedule I, Parts I and II 20 Od the organization report more than 5,50 od or grants and other assistance to individuals in the United States on Part IX, column (A), the 2? if "Yes," complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, fusites, key employees, and highest compensated employees? if "Yes," complete Schedule I/ 23 X 22 X 23 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 24 through 24d and complete Schedule III into 16 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 are prior Forms 990 or 950 EZ? If "Yes," complete Schedule I, Part II 29 Did the organization aware that the graged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person outstanding as of the end of the organizations is tay year. If "Yes," complete Schedule I, Part II II I be the organization		Dut the control of th	ļ	Yes	No
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), the 2'R If "Yes," complete Schedule I, Parts I and IV. 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 Schedule II was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a Det 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 assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 26c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization 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 II as the organization aware that it engaged in an excess benefit transaction with a disqualified person an a promy year, and that the transaction has not or by a current of former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contribution or or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, frustee, or key employee (or a family member of a current or former officer, director, frust	21			1	
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 x 23 bd the organization aware "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, director's, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "I" "No", go to line 25 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 I, "I" "No", go to line 25 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception" 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization and an accordance of the organization and the time of the organization of the organization and the time of the organization of the organization and a study of 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 of the organization in the organization with a disqualified person during the year? 25d 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 or any of the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25d Did the organization part of former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization is an exception of the organization to organize the part I/V 26b Was the organization received or o		·	21	Х	<u> </u>
23 Did the organization answer "Yes" to Part VII, Section A, Ine 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 I, Part IV 249 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 24th through 24d and complete Schedule K. If "No", 9 to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. Did the organization amantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. Did the organization and 501(c)(4) organizations. Did the organization end as as any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II and that the transaction has not or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 29 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 29 A Carmetty of which a current or former officer, director, trustee, or key employee for a family member of a family member of a current or former officer, director, trustee, or key employee for a family member of a current or former officer, director, truste	22	-			
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Schedule K. If "No", go to line 25 b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Dd the organization invest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d	240				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a price year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E27? If "Yes," complete Schedule L, Part II 25b	h				<u> </u>
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Form 990 (2012) Western Conservation Action Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a 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)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7¢ 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

х

14a

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			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			-
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		l	
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		l	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finar	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition.		
	Robin Hubbard - 720-249-4272			
	1536 Wynkoop Street #510 Denver CO 80202			

Form		

Western Conservation Action

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Page **7**

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

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

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

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

Check this box if neither the organization r		orga I	anıza			mpe	nsat			
(A) Name and Title	(B)	(C) Position				1		(D)	(E)	(F)
Name and Title	Average hours per	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	week	offi	c, unle cer ar	ss pe id a d	rson Irecto	is bot or/trus	han tee)	compensation	compensation	amount of
	(list any	\vdash	П				Ė	from the	from related organizations	other
	hours for	diec				-		organization	(W-2/1099-MISC)	compensation from the
	related	0 8	stee			rsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		ag.	e .		(** =* ********************************		and related
	below	dual	를	5 5	臣	est cc	=			organizations
	line)	ğ	Insti	Officer	Key employee	Highest compensated employee	퉏		_	· ·
(1) Courtney M. Cuff	1.00									
Secretary/CEO	39.00	х	ļ	Х	_		<u> </u>	23,394.	161,300,	25,067.
(2) Molly McUsic	1.00	ļ								
President	1.00	х		Х				0.	0.	0.
(3) Bill Meadows	1.00	1								
Board member		X	ļ					. 0.	0.	0.
(4) Robin Hubbard	0.00	-								
<u>coo</u>	40.00		_	X	_		<u> </u>	0.	115,739,	24,117.
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orm		rn Conservation Act	tior	n_						20-8091495		P	age 8
Pàr	t VII Section A. Officers, Direc	tors, Trustees, Key Em	oloy	ees	and	d Hi	ghes	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	(do box, offic	not c	(C Posi heck i ss per	tion		one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimate mount other opensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	f org an	rom the ganizated related anizate	e ion ed
											<u> </u>		_
											 		
											 		
											 		
											 		
				\							-		
	Sub-total Total from continuation sheets	to Part VII Section A		l			>		23,394.	277,039	1	49	184
	Total (add lines 1b and 1c)					_			23,394,	277,039		49	184
2	Total number of individuals (inclu compensation from the organization)	=	ose	liste	ed at	oove	e) wh	io re	eceived more than \$100	,000 of reportable		I I	
3	Did the organization list any form	ner officer, director, or tru	ıstee	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Scheo		le cc	mn	enes	ition	and	i otl	her compensation from	the organization	3		Х
•	and related organizations greater	r than \$150,000? <i>If "Yes,</i>	" coi	mple	ete S	Sche	edule) J	for such individual	-	4	Х	
5	Did any person listed on line 1a r rendered to the organization? If	·				-		elat	ed organization or indivi	dual for services	_ 5		X
	tion B. Independent Contractors Complete this table for your five			nde	nt o	ontr	raete		that received more than	\$100,000 of compan		from.	
1	the organization. Report compen	= :								•	sation	110111	
	Name and	(A) d business address	NOI	NE		-			(B) Description of s	ervices		C) ensatio	n
								_					
					_			_					
						_		_					
<u> </u>								_					
2	Total number of independent cor	ntractors (including but n	ot lu	mıte	d to	tho	se lis	stec	d above) who received m	nore than			

\$100,000 of compensation from the organization

		Check if Schedule O cont	ains a respe	onse t	o any question i	n this Part VIII			. 🗀
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	18	<u></u>					
ran On		Membership dues	11	_					
E G		Fundraising events	10						
ar /		Related organizations	10	$\overline{}$	100,000				
s, G		Government grants (contribut							
Sign		All other contributions, gifts, gran	· · ·						
but		similar amounts not included abo	·		10,000.				
ρĒ	a	Noncash contributions included in lines	· <u> </u>						
Contributions, Gifts, Grants and Other Similar Amounts		Total, Add lines 1a-1f				110,000.			
				_	Business Code	****			
ė	2 a			- 1					
Zi 🌯	b				-				
Program Service Revenue	C								<u> </u>
am	d				-				
Pa	е								
P.	i	All other program service reve	enue						<u> </u>
	q	Total. Add lines 2a-2f		•	•				
	3	Investment income (including	dıvıdends,	ıntere	st, and				
		other similar amounts)			▶	107.			107.
	4	Income from investment of ta	x-exempt be	ond p	roceeds				
	5	Royalties	•	·	▶ [
		•	(ı) Rea	ı	(II) Personal				
	6 a	Gross rents							
	b	Less. rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)							
		Gross amount from sales of	(i) Securi	ties	(II) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses	1		į				
	c	Gain or (loss)							
	d	Net gain or (loss)			•				
ne ne	8 a	Gross income from fundraisin	g events (no	ot					
		including \$	of						
Other Reven		contributions reported on line							
F		Part IV, line 18		а					
Ě	b	Less direct expenses		b					
	С	Net income or (loss) from fund	draising eve	nts	. •				
	9 a	Gross income from gaming ac	ctivities. See	•					
		Part IV, line 19	•	а					
	b	Less, direct expenses		ь					
	С	Net income or (loss) from gan	ning activitie	s	•				
	10 a	Gross sales of inventory, less	returns						
		and allowances		а					
	b	Less cost of goods sold		ь					
	С	Net income or (loss) from sale	s of invento	ory	•	·····			<u></u>
		Miscellaneous Revenu	ie		Business Code				
	11 a								
	b								
	С	·							
	d	All other revenue							
	е	Total. Add lines 11a-11d			▶				
0000	12	Total revenue. See instructions.			<u> </u>	110 107.	0.	0	·
23200 12-10	9 -12								Form 990 (2012)

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Do I	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and			ļ	
	organizations in the United States. See Part IV, line 21	43,000.	43,000.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ļ	
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	26 572	20.450		6 440
6	Compensation not included above, to disqualified	26,570.	20,452.		6,118,
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6.914.	6 180.		734
8	Pension plan accruals and contributions (include	0.714.			
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	168,	168.		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	· · · · · · · · · · · · · · · · · · ·				
	column (A) amount, list line 11g expenses on Sch O.)	17,135.	17,135.		
12	Advertising and promotion				
13	Office expenses .				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	930.	811.	67.	52,
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance	-			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Other program expenses	4,500,	4,500.		
b	Other operational expen	4.094.	2,187	1,403,	504.
c	Other personnel expense	623.	623.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	103,934.	95,056.	1,470,	7,408,
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

		(A)		(B)
т		Beginning of year	_	End of year
1	Cash - non-interest-bearing	251,804,	1	271,819
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		_	
	Part II of Schedule L		_5	
6	Loans and other receivables from other disqualified persons (as defined under			
}	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
'	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	318.	9	330
10a	Land, buildings, and equipment cost or other			
١.	basis Complete Part VI of Schedule D			
1	Less accumulated depreciation . 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	252 122.	16	272_149
17	Accounts payable and accrued expenses	1,234,	17	15,088
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
00	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24 25	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		05	
26	Total liabilities. Add lines 17 through 25	1 024	25	15.000
+20	Organizations that follow SFAS 117 (ASC 958), check here	1,234.	26	15_088
'	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	200 624	27	057 061
28	Temporarily restricted net assets	209,624.		257,061
29	Permanently restricted net assets	41,264.	28	0
25	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
1	and complete lines 30 through 34.			
30	· · · · · · · · · · · · · · · · · · ·		20	
1	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
31			31	
32	Retained earnings, endowment, accumulated income, or other funds	250 800		057.004
33	Total net assets or fund balances Total liabilities and net assets/fund balances	250,888, 252,122,	33 34	257,061 272,149

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	1 2 3			
	2			<u> </u>
The state of the s	2			
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	2			
1 Total revenue (must equal Part VIII, column (A), line 12)			110	<u>107</u> .
2 Total expenses (must equal Part IX, column (A), line 25)	3		103	934.
3 Revenue less expenses Subtract line 2 from line 1			6	173.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		250	888.
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 in Schedule O)	9			0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
column (B))	10		257	.061.
Part XII 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 C)			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		1		1
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 separate	basis,			
consolidated basis, or both				
Separate basis x Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	1	}	ł
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 in Scheo	dule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
Act and OMB Circular A-133?		. За		x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	.		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·	Зь		
			990	(2012)

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

|--|

2 20-8091495 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance criteria used to award the grants or assistance? Part II Part

recipient that received more than \$5,000 Part III can be direlicated if additional enace is needed	\$5 000 Part II can	be dublicated if additi	onal space is peed		יוובמנוטון מוואשפופט	izations in the Critical States. Complete in the organization ariswered. Test to Form 550, Part 17, Illie 21, 101 arry	1V, III 6 2 1, 101 al 1y
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Progress Now New Mexico PO Box 4683 Albuquerque, NM 87196	45-4130072	501(c)(4)	15.000,	o			Monuments Project
Progress Now Colorado Action 1536 Wynkoop Street #203 Denver, CO 80202	65-1244918	501(c)(4)	20,000.	0			Monuments Project
Colorado Conservation Voters 1536 Wynkoop Street #4c Denver, CO 80202	30-0037131	501(c)(4)	5,000.	0.			General Support

	Enter total number of section 501(c)(3) and government organizations listed in the lin
_	Enter total number of other organizations listed in the line 1 table

e 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Page 2 (f) Description of non-cash assistance 20-8091495 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) Western Conservation Action Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant Schedule I, Part I, Line 2: Grantees are required to submit written narratives and financial reports to describe how funds were used, (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) Part IV Part III

Schedule I (Form 990) (2012)

232102 12-18-12

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Western Conservation Action

Attach to Form 990.
See separate instructions

Employer identification number 20-8091495

Questions Regarding Compensation Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х Participate in, or receive payment from, an equity-based compensation arrangement? 4c х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 20-8091495

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(I)(B)	reported as deferred in prior Form 990
(1) Courtney M. Cuff	€	23,394.	0	0.	2,340,	836,	26,570.	0.
	€	1	0	0	16_129.	5,762.	183,191,	0
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222112							Schedu	Schedule J (Form 990) 2012

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public Inspection

Employer identification number

(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. Department of the Treasury Internal Revenue Service Name of the organization

western conservation Action	20-8091495
Form 990 Part VI, Section A, line 2: Courtney Cuff and Robin Hubbard are	
employees of a related organization, of which Molly McUsic serves as a	
Board Member.	
Form 990, Part VI, Section A, line 6: The sole member of WCA is Western	
Conservation Foundation,	
Form 990, Part VI, Section A, line 7a: The sole member of WCA (Western	
Conservation Foundation) shall designate all Directors of the corporation.	
Form 990 Part VI Section A line 7b: No amendments to the Bylaws or	
Articles of Incorporation of WCA shall be valid or take effect without the	
written consent of the sole member of WCA (Western Conservation	
Foundation).	
Form 990, Part VI, Section B, line 11: The CEO, COO and the Finance	
Committee review the Form 990. The reviewed Form 990 is made available to	
the board of directors prior to submission to the Internal Revenue Service,	
Form 990 Part VI, Section B. Line 12c: The organization requires the	
officers, directors and trustees to disclose any conflicts of interest on	
an annual basis. Potential conflicts, whether initially disclosed or	
subsequently discovered, are reviewed by the Board of Directors to	
determine if the conflict actually exists. Officers, directors and trustees	
recuse themselves from voting on matters for which there may be a potential	
conflict of interest.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Western Conservation Action	Employer identification number
western Conservation Action	20-8091495
	
Form 990, Part VI, Section B, Line 15: The CEO, top management and staff	
complete an annual review process. Documentation from this review is used	
by the CEO and the Board of Directors in the case of the CEO to determine	_
salary amounts or salary increases. Salary for the CEO is set based on the	
Board's extensive knowledge of salary levels in comparable	
organizations/positions.	
Form 990 Part VI Section C Line 18: No documents are available to the	
public,	
Form 990, Part VI, Section C, Line 19: The organization makes a copy of	
its Forms 1023 and 990 available to the public upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Program consultants:	
Program service expenses 17,135.	
Management and general expenses 0.	
Fundraising expenses 0.	
Total expenses 17,135.	
Total Other Fees on Form 990, Part IX, line 11g, Col A 17,135,	
TOTAL COME TOTAL STOP THE TREE TIME TIME TIME TO THE TREE TOTAL TO	
Form 990, Part XII, Line 2c:	
Western Conservation Action's accounts are included in the consolidated	
financial statements of Western Conservation Foundation, As such, WCA	
allows the Western Conservation Foundation's Board of Directors to	
assume the responsibility for oversight of the audit of its financial	
statements and selection of an independent accountant. This process has	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
Western Conservation Action	20-8091495
not changed from prior years.	
Form 990, Part I, Line 5:	
	-
The organization is a related organization of Western Conservation	
Foundation. The organization did not have any paid officers	
management, or staff in 2012, as all services were provided by Western	
Conservation Foundation. Salaries listed throughout the return	
represent the portion of salaries allocated to the organization for	
services performed for Western Conservation Action. The board and/or	
compensation committee of Western Conservation Foundation establish the	
compensation of Western Conservation Foundation's CEO & COO, During	
2012 Robin Hubbard's salary was not allocated to WCA as her time spent	
- this considering one information and instructions	
on this organization was infrequent and insignificant.	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number

entity

 $\boldsymbol{\varepsilon}$

Direct controlling 20-8091495 End-of-year assets <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity Western Conservation Action Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part

(a)	(q)	(0)	(p)	(e)	(£)	(ā)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 512(b)(13) controlled	b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
Western Conservation Foundation - 33-1107506 Building leaders to	Building leaders to						
1536 Wynkoop Street, Suite 510	protect the West's land,			-			
Denver, CO 80202	air, and water.	Colorado	501(c)(3)	Line 7	N/A	~	
				-		_	
						_	
				-			

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

Schedule R (Form 990) 2012

232161 12-10-12 LHA

Page 2

20-8091495

Western Conservation Action Schedule R (Form 990) 2012 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortion- ations?	(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)	(j) General or managing partner? Yes No	l or Perce	(j) (k) General or Percentage managing ownership partner? Yes No
			_										
										:			
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year)	ganizations Taxable a	as a Corpo		omplete ıf th	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	nswered "Ye	s" to Form 9	90, Part IV,	line 34 b	ecause it hac	l one or n	nore rek	ated
(a) Name, address, and EIN of related organization	Zς	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(by13) controlled entity?
													
232162 12-10-12										Sched	Schedule R (Form 990) 2012	rm 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c x
d Loans or loan guarantees to or for related organization(s)				1d x
e Loans or loan guarantees by related organization(s)				1e ×
f Dividends from related organization(s)				1 t
g Sale of assets to related organization(s)				1g x
h Purchase of assets from related organization(s)				1h x
i Exchange of assets with related organization(s)				1i x
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				*
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 ×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			EL X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n ×
 Sharing of paid employees with related organization(s) 				10 ×
n. Reimhilisement haid to related organization(s) for expenses				
Rembi issement haid by related organization(s) for expenses				<
				×
r Other transfer of cash or property to related organization(s)				+ ×
10				1s x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.	:
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
(6)				:
(4)				
(5)				
(6)		i S		
232163 12-10-12			Schedule	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 Western Conservation Action

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

s, and EIN Primary activity Legal domicide Predominant mome later of state or loregin (state or loregin excluded friedless). Country) under section 612-514) type IND INDER Section 612-514 (state or loregin excluded friedless).	Primary activity Legal domicile Preferentiant income agrees and country) under section 612-514) tree in come assets and country independent of the country o	(a) (b) (c) (d)	(q)	(0)		(e)	(£)	(6)	Ξ	E	5	(£
Under Section 512-514 Yes No	Under Section 512-514) Yes No	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, excluded from tax	Are all sarthers sec 501(c)(3) orgs?		Share of end-of-year	Dispropor- tonate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
	Soredule R (Form 800) 2012				under section 512-514)	Ves No		desers	Yes No	(Form 1065)	Yes No	
	Schedule R (Frm 990) 2012											
	Schedule R (Perm 900) 2012											
	Schedule R (Form 900) 2012								_}		+	
	Schedule R (Form 990) 2012											
	Schedule P (Form 990) 2012					_				_		
	Schedule R (Form 590) 2012											
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	Schedule R (Form 990) 2012											
	Schedule R (Form 990) 2012											

Schedule I	R (Form 990) 2012	Western Conservation Action	20-8091495	Page 5
Part VII	Supplemental Info	Western Conservation Action Ormation		
	Complete this part to pr	rovide additional information for responses to questions on Schedule R (see ins	tructions)	
	<u> </u>	The second secon		
				
				
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Form **8868**(Rev January 2013) Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						x	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868							
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension							
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain							
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,							
visit www irs gov/efile and click on e-file for Chanties & Nonprofits							
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
Part I only							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns							
Type or	or Name of exempt organization or other filer, see instructions Employer					nber (EIN) or	
print							
	Western Conservation Action		20-8091495				
File by the due date for				Social security number (SSN)			
filing your return See							
instructions							
Denver CO 80202							
Enter the Return code for the return that this application is for (file a separate application for each return)							
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07		
Form 990-BL		02	orm 1041-A			08	
Form 4720 (individual)		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)			Form 8870			12	
Robin Hubbard							
● The books are in the care of ▶ 1536 Wynkoop Street #510 - Denver CO 80202							
Telephone No ► 720-249-4272 FAX No. ► 720-249-2941							
If the organization does not have an office or place of business in the United States, check this box							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
August 15 2013 , to file the exempt organization return for the organization named above. The extension							
is for the organization's return for							
>	x calendar year 2012 or						
	tax year beginning , and ending .						
2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
nonrefundable credits. See instructions.				3a	\$	_ 0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			-			
	imated tax payments made Include any prior year overp	_		3b	\$	n	
	Imated tax payments made include any prior year overp lance due. Subtract line 3b from line 3a. Include your pa			30	<u> </u>	0.	
				3c	\$	^	
by using EFTPS (Electronic Federal Tax Payment System) See instructions. Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8879-FO for payment instructions.							