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Department of the Treasury

Internal Revenue Service

Form

PY ** **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.



AF	or th	e 2012 calendar year, or tax year beginning an	d ending				
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number		
X	Addre	ss e LEWA WILDLIFE CONSERVANCY USA					
	Name	Doing Business As 8'			2187		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
]Termi ated	SO MILLER AVENDE	507	657-20	6-5392		
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,384,882.		
	Appli tion pendi	MILL VALLEI, CA 94941		H(a) Is this a group re			
	pend	¹⁹ F Name and address of principal officer: BETSY SEARLE		for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No		
		empt status: 🔽 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(⁻	1) or 🛄 52	7 If "No," attach a	list. (see instructions)		
		te: • WWW.LEWA.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 1997	State of legal domicile: UT		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities:	CHEDULE O				
Activities & Governance							
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disp					
õ	3	Number of voting members of the governing body (Part VI, line 1a)			13		
~	4				13		
ties	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) \dots		3			
tivi	6						
Ac					0.		
	b	Net unrelated business taxable income from Form 990-T, line 34			0.		
			-	Prior Year	Current Year		
ue	8	Contributions and grants (Part VIII, line 1h)		1,610,814.	2,353,312.		
Revenue	9	Program service revenue (Part VIII, line 2g)			0.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,538.	928.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,540. 1,627,892.	6,029.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,255,800.	2,360,269.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,233,000.	2,119,032.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		148,011.	273,105.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ben			7,125.	••			
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	124,791.	197,906.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,528,602.	2,590,063.		
	19	Revenue less expenses. Subtract line 18 from line 12		-900,710.			
or				eginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,311,198.	1,074,685.		
Ass 1 Ba	21	Total liabilities (Part X, line 26)		12,820.	6,101.		
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20		1,298,378.	1,068,584.		
Pa	art II	Signature Block		, , , , ,	, , =		
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	lles and stater	nents, and to the best of m	y knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		D	ate			
Here	VIRGINIA THOMSON, EXECUTIVE DIRECTOR Type or print name and title						
Paid	Print/Type preparer's name MICHAEL SORRELLS, CPA	Preparer's signature	Date	Check if self-employed	PTIN P000017	37	
Preparer	rer Firm's name 🕞 BDO USA, LLP Firm's EIN 📦 13-5383			3-53815	90		
Use Only	e Only Firm's address 7101 WISCONSIN AVE., SUITE 800						
BETHESDA, MD 20814-4827 Phone no. (301)65)654-49	0 0	
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Ye	s	No
					_	000 //	

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2012) LEWA WILDLIFE CONSERVANCY USA	87-05721	87 Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	LEWA USA ADVOCATES, ADVISES, BUILDS CONSTITUENCIES AND MOBILIZES		
	FUNDING TO SUSTAIN AND EXPAND THE LEWA WILDLIFE CONSERVANCY'S UNIQUE		
	MODEL OF COMMUNITY-BASED CONSERVATION.		
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 serv	vices?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servic		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	to others, the total	expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$2,213,450. including grants of \$2,119,052.))
4a	LEWA WILDLIFE CONSERVANCY IN KENYA CONTINUES TO HOLD AND PROTECT 10% OF	(Revenue \$)
	KENYA'S BLACK RHINO AND THE WORLD'S LARGEST SINGLE RESIDENT POPULATION		
	OF GREVY'S ZEBRA. IT HAS ACHIEVED INTERNATIONAL RECOGNITION FOR ITS		
	DEDICATED WORK TOWARDS THE CONSERVATION OF THESE ENDANGERED SPECIES, AS		
	WELL AS ITS CLEAR COMMITMENT TO ENSURING CONSERVATION MAKES A DIRECT		
	CONTRIBUTION TO COMMUNITY DEVELOPMENT. IN ADDITION, IT PROTECTS LARGE		
	NUMBERS OF BUFFALO, CHEETAH, ELAND, ELEPHANT, GIRAFFE, GAZELLE, IMPALA		
	AND PLAINS ZEBRA, AND CONTINUES TO SERVEFOUR CLINICS, PROVIDING MEDICAL		
	CARE TO A NEIGHBOURING COMMUNITY OF OVER 60.000. SIGNIFICANT OPERATING		
	FUNDS FOR LWC KENYA WERE PROVIDED BY LEWA USA, WITH ADDITIONAL SUPPORT		
	FROM THE US FISH AND WILDLIFE SERVICE AND THE AMERICAN ASSOCIATION OF		
	ZOO KEEPERS.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
			/
4c		(Revenue \$)
40	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d			
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,213,450.		
23200	12		Form 990 (2012)
12-10	-12		
<u> </u>	2		

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Form 990 (2012)

LEWA WILDLIFE CONSERVANCY USA

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		<u> </u>
5	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	3		
4				x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	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	6		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	l
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	d the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	1
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	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<u> </u>
.5	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,	10		<u> </u>
17		47		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	┝───
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	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	<u> </u>

Form **990** (2012)

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Part IV Checklist of Required Schedules (continued) LEWA WILDLIFE CONSERVANCY USA 87-0572187

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			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
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 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, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b		28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
20	director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c 29	x	А
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	50		
01	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	•••		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

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Form	990 (2012) LEWA WILDLIFE CONSERVANCY USA 87-0572187		Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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	L		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
	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?	3a		х
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		Х
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?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	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?			x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	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	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
U	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			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2012)

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	990 (2012) LEWA WILDLIFE CONSERVANCY USA		87-0572187			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throws to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.5			"No" r	espon	se
						X
Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management					Α
	ion A. devenning body and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	3	103	
14	If there are material differences in voting rights among members of the governing body, or if the governing	14				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b		1b	13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	1		
	officer, director, trustee, or key employee?		-	2		х
3	Did the organization delegate control over management duties customarily performed by or under the	dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	as filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		х
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 app	ooint	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, sto	ockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enu	e Code.)		Vee	Na
100	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			10a		
U	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			11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0010				
				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes					
	in Schedule O how this was done			12c	x	
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 ir	ndependent			
	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
U U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
D	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent v	vith a			
	Du the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			16a		X
16a	taxable entity during the year?		a sector se			
16a			participation			
16a	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	e its p				
16a b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements?	e its µ zatic		16b		
16a b Sec	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? tion C. Disclosure	e its p zatio	n's	16b		
16a b <u>Sec</u> 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>AL, CA, CO, CT, DC, FL, GA</u> ,	e its _l zatic , HI ,	n's IL,KS,KY,LA			
16a b Sec	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, CA, CO, CT, DC, FL, GA, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (e its _l zatic , HI ,	n's IL,KS,KY,LA		ble	
16a b <u>Sec</u> 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>AL</u> , CA, CO, CT, DC, FL, GA, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (for public inspection. Indicate how you made these available. Check all that apply.	e its p zatic , HI , [Sect	n's IL , KS , KY , LA ion 501(c)(3)s only)		ole	
16a b <u>Sec</u> 17 18	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, CA, CO, CT, DC, FL, GA, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website X Upon request ○ Other (explain in	e its p zatio , HI , [Sect	n's IL,KS,KY,LA ion 501(c)(3)s only) hedule O)	availat		
16a b <u>Sec</u> 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>AL</u> , CA, CO, CT, DC, FL, GA, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (for public inspection. Indicate how you made these available. Check all that apply.	e its p zatio , HI , [Sect	n's IL,KS,KY,LA ion 501(c)(3)s only) hedule O)	availat		

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 VIRGINIA THOMSON - 415-990-3311

6

38 MILLER AVENUE, NO. 507, MILL VALLEY, CA 94941

232006 12-10-12 SEE SCHEDULE O FOR FULL LIST OF STATES

2012.04020 LEWA WILDLIFE CONSERVANCY U 01462621

Form 990 (2012)

Form 990 (20 ⁻	12) LEWA WILDLIFE CONSERVANCY USA	87-0572187	Page 7
Part VII C	compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
E	mployees, and Independent Contractors		
C	heck if Schedule O contains a response to any question in this Part VII		
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the	e organization's tax year.	
	of the organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of compo	ensation.

er -0- in columns (Ď), (E), and (F) if no compensation was paid. • List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(A) (B) (C)		C)			(D)	(E)	(F)		
Name and Title	Average	(do		Pos	itior	1 than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	nal ti		loyee	e comp				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BETSY SEARLE	line) 10.00	ц Ц	u.	8	τ. Έ	en <u>Hi</u>	Ē			
PRESIDENT	10.00	x		x				0.	0.	0.
(2) SUE ANSCHUTZ-RODGERS	3.00									
VICE PRESIDENT		x		x				0.	0.	0.
(3) GORDON PATTEE	5.00									
TREASURER		x		х				٥.	٥.	0.
(4) DR. GILBERT BOESE	1.00									
TRUSTEE		х						0.	٥.	0.
(5) JUDITH E. DERSE	1.00									
TRUSTEE		х						0.	0.	0.
(6) SUZIE FEHSENFELD	1.00									
TRUSTEE		х						0.	0.	0.
(7) CINA A. FORGASON	1.00									
TRUSTEE	2.00	x						0.	0.	0.
(8) DEBORAH GAGE	3.00									0
TRUSTEE (9) EDITH MCBEAN	1.00	X						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(10) TONY BARCLAY	2.00	^						0.	U.	<u> </u>
TRUSTEE	2.00	x						0.	0.	0.
(11) LINDA MILLARD	1.00									
TRUSTEE		x						0.	0.	0.
(12) LESLIE ROACH	2.00									
TRUSTEE		x						٥.	٥.	0.
(13) JOHN BATTEL	2.00									
TRUSTEE		х						٥.	٥.	0.
(14) VIRGINIA THOMSON	40.00									
EXECUTIVE DIRECTOR				х				133,000.	٥.	8,400.
			_							
						-				
232007 12-10-12										Form 990 (2012)

232007 12-10-12

Form 990 (2012)

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Form 990 (2012) LEWA WILDLIF									87-0572	187		Р	age 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)					
(A) Name and title	(B) Average hours per week (list any	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations	ation ated		(F) Estimated amount of other compensation		
	hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-MIS			from the organization and related organizations		
1b Sub-total								133,000.		0.		8	,400.	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 133,000.		0. 0.	0. 8,400.			
2 Total number of individuals (including but n compensation from the organization ▶						e) wł	no r	eceived more than \$100	,000 of reportabl	е			1	
												Yes	No	
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		x	
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual	-		4		x	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	•							•			5		x	
Complete this table for your five highest co the organization. Report compensation for										pens	ation f	irom		
(A)	(A) (B)								С	(C ompe		on		
							_							
2 Total number of independent contractors (i \$100,000 of compensation from the organi	e e	iot lii	mite	d to		se li: 0	stec	d above) who received m	nore than					
222008											Form	990 ((2012)	

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Form 990 (20)12)
Part VIII	

2) LEWA WILDLIFE CONSERVANCY USA
Statement of Revenue

Page 9

		Check if Schedule O cont	ains a re	esponse	to 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
nts Its	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1b					
a, G		Fundraising events		1c	28,260.				
ar ,		Related organizations		1d					
is, (Government grants (contribut		1e					
tion r Si		All other contributions, gifts, gran							
the		similar amounts not included abo	ve	1f	2,325,052.				
d O	g	Noncash contributions included in lines	1a-1f: \$		37,570.				
an Co	h	Total. Add lines 1a-1f				2,353,312.			
					Business Code				
ce	2 a								
ervi Je	b								
Program Service Revenue	С								
Jrar Rev	d								
roç	е								
а		All other program service reve							
		Total. Add lines 2a-2f							
	3	Investment income (including				928.			928.
		other similar amounts)				920.			520.
	4	Income from investment of ta	•						
	5	Royalties		Real	1				
	6 2	Gross rents		neai	(ii) Personal				
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
		Gross amount from sales of		curities	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses							
	с	Gain or (loss)							
		Net gain or (loss)							
ne	8 a	Gross income from fundraisin							
		including \$28	,260.	of					
Other Rever		contributions reported on line							
er		Part IV, line 18							
đ		Less: direct expenses				=			=
		Net income or (loss) from fund			▶	-7,333.			-7,333.
	9 a	Gross income from gaming ad							
		Part IV, line 19							
		Less: direct expenses Net income or (loss) from gan							
		Gross sales of inventory, less	-	villes .					
	iu a	and allowances		-					
	h	Less: cost of goods sold							
		Net income or (loss) from sale							
	Ű	Miscellaneous Revenu			Business Code				
	11 a				900099	13,362.			13,362.
	b								
	с								
	d	All other revenue							
	е	Total. Add lines 11a-11d				13,362.			
	12	Total revenue. See instructions.			►	2,360,269.	0.	0.	7.000
23200 12-10-	9 -12								Form 990 (2012)

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	Check if Schedule O contains a response	se to any question in thi (A)	s Part IX (B) I	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
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				
	United States. See Part IV, lines 15 and 16	2,119,052.	2,119,052.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	133,000.		133,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	107,917.		59,734.	48,183
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,219.		14,219.	
10	Payroll taxes	17,969.		11,531.	6,438
11	Fees for services (non-employees):				
а	Management				
b	Legal	30,091.		30,091.	
С	Accounting	15,929.		15,929.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	3,559.		3,559.	
12	Advertising and promotion	10,738.		5,906.	4,832
13	Office expenses	22,349.		14,677.	7,672
14	Information technology	733.		733.	
15	Royalties				
16	Occupancy	2,190.		2,190.	
17	Travel	94,398.	94,398.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,931.		1,931.	
23	Insurance	2,781.		2,781.	
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 Scholumn (A)				
-	amount, list line 24e expenses on Schedule 0.)	9,977.		9,977.	
a b	DUES & SUBS	3,230.		3,230.	
b		5,250.		5,250.	
с с					
d	All other expenses				
e 25	All other expenses	2,590,063.	2,213,450.	309,488.	67,125
25	Joint costs. Complete this line only if the organization	2,350,003.	2,213,430.	505,400.	07,125
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2012)

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11 2012.04020 LEWA WILDLIFE CONSERVANCY U 01462621

6	Loans and other receivables from other disquali	defined under					
	section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), a	nd contributing				
	employers and sponsoring organizations of sec	tion 501(c)(9) vo	luntary				
	employees' beneficiary organizations (see instr).	II of Sch L		6			
7	Notes and loans receivable, net			7			
8	Inventories for sale or use				8		
9	Prepaid expenses and deferred charges				9		
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	3,737.				
b	Less: accumulated depreciation	10b	2,651.	1,440.	10c	1,086.	
11	Investments - publicly traded securities	vestments - publicly traded securities					
12	Investments - other securities. See Part IV, line				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 equ		1,311,198.	16	1,074,685.		
17	Accounts payable and accrued expenses			12,820.	17	6,101.	
18	Grants payable				18		
19	Deferred revenue			19			
20	Tax-exempt bond liabilities			20			
21	Escrow or custodial account liability. Complete			21			
22	Loans and other payables to current and former	ors, trustees,					
	key employees, highest compensated employee	es, and disqualif	ied persons.				
	Complete Part II of Schedule L				22		
23	Secured mortgages and notes payable to unrela				23		
24	Unsecured notes and loans payable to unrelate	d third parties			24		
25	Other liabilities (including federal income tax, pa	yables to related	d third				
	parties, and other liabilities not included on lines	s 17-24). Comple	ete Part X of				
	Schedule D				25		
26	Total liabilities. Add lines 17 through 25			12,820.	26	6,101.	
	Organizations that follow SFAS 117 (ASC 958	8), check here 🕨	► X and				
	complete lines 27 through 29, and lines 33 an	nd 34.					
27	Unrestricted net assets			1,051,532.	27	497,241.	
28	Temporarily restricted net assets			246,846.	28	571,343.	
29	E				29		
	Organizations that do not follow SFAS 117 (A	SC 958), check	here				
	and complete lines 30 through 34.						
30	Capital stock or trust principal, or current funds				30		
31	Paid-in or capital surplus, or land, building, or ec			31			
32	Retained earnings, endowment, accumulated in	icome, or other f	unds		32		
33	Total net assets or fund balances			1,298,378.	33	1,068,584.	
34	Total liabilities and net assets/fund balances			1,311,198.	34	1,074,685.	

LEWA WILDLIFE CONSERVANCY USA

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

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

87-0572187

1

2

3

4

5

(A) Beginning of year

409,639

801,623

91,370,

7,126.

Page **11**

603,726.

202,349.

257,494.

Ο.

(B) End of year

Form 990 (2012) Part X | Balance Sheet

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 25) 2 1 2 1 3 -2227, 794, 4 1 4 1, 298, 2778, 5 Net unrealized gains (losses) on investments 6 - 7 - 8 - 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 1, 068, 584, Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII X 1 Accounting method used to prepare the Form 990; Cash Accrual Other 1 Yes No - - Yes No 1 Accounting method used to prepare the Form 990; Cash Accrual Other - - - Yes No 1 Accounting method use	Form	990 (2012) LEWA WILDLIFE CONSERVANCY USA	87-0572187		Pa	ge 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 360, 269, 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 590, 063, 3 3 Revenue less expenses. Subtract line 2 from line 1 3 -229, 794. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 298, 378. 5 6 6 6 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1, 068, 584. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response to any question in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash Accrual Other 2a X	Pa	t XI Reconciliation of Net Assets								
2 Total expenses (must equal Part X, column (A), line 25) 2 2, 590, 063. 3 Revenue less expenses. Subtract line 2 from line 1 3 -229, 794. 4 1, 298, 378. 4 1, 298, 378. 5 5 5 6 7 7 7 7 7 8 7 7 9 0. 7 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1, 068, 584. Part XII Financial Statements and Reporting x x Column (B) 1, 068, 584. 1, 068, 584. Part XII Financial statements compiled or reviewed by an independent accountant? 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Column (Consolidated basis 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year		Check if Schedule O contains a response to any question in this Part XI								
2 Total expenses (must equal Part X, column (A), line 25) 2 2, 590, 063. 3 Revenue less expenses. Subtract line 2 from line 1 3 -229, 794. 4 1, 298, 378. 4 1, 298, 378. 5 5 5 6 7 7 7 7 7 8 7 7 9 0. 7 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1, 068, 584. Part XII Financial Statements and Reporting x x Column (B) 1, 068, 584. 1, 068, 584. Part XII Financial statements compiled or reviewed by an independent accountant? 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Column (Consolidated basis 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year										
2 Total expenses (must equal Part X, column (A), line 25) 2 2, 590, 063. 3 Revenue less expenses. Subtract line 2 from line 1 3 -229, 794. 4 1, 298, 378. 4 1, 298, 378. 5 5 5 6 7 7 7 7 7 8 7 7 9 0. 7 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1, 068, 584. Part XII Financial Statements and Reporting x x Column (B) 1, 068, 584. 1, 068, 584. Part XII Financial statements compiled or reviewed by an independent accountant? 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Column (Consolidated basis 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,360	,269.				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 298, 378. 5 Net unrealized gains (losses) on investments 5 6 6 6 7 7 6 8 Prior period adjustments 8 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1, 068, 584. Part XII Financial Statements and Reporting x 1 . Check if Schedule O contains a response to any question in this Part XII x . . 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 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: . . . </td <td>2</td> <td colspan="9"></td>	2									
5 Net unrealized gains (losses) on investments 6 7 8 9 9 9 10 11 Accounting method used to prepare the Form 990: Check if Schedule O contains a response to any question in this Part XII 11 Accounting method used to prepare the Form 990: 12 13 Accounting method used to prepare the Form 990: 14 15 16 17 17 18 19 10 10 10 10 11 11 12 13 14 14 15 15 16 16 17 18 19 10 10 10 10 11 11 12 13 14 15 15 16 17 17 18 19 10 10 11 12 13 14 14 15 15 16 17 17 18 19 </td <td>3</td> <td colspan="9"></td>	3									
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Act and OMB Circular A-133?		3a		X				
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b		iired audit							
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2012)

232012 12-10-12

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047
2012
Open to Public

Internal Reve	enue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.			Inspe	ction	
Name of	the organizati	on						E	mployer	ident	ificati	on nu	mber
			IFE CONSERVANCY US						87	7-057	2187		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.					
The orga	nization is not a	a private foundation	because it is: (For lines [.]	1 through	11, check	only one b	ox.)						
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🛄	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).						
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the ho	ospital'	's nam	ıe,
	city, and stat	e:											
5 📖	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6 🖳	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	l)(A)(v).						
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public	c desci	ribed i	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8 🖂	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	and gro	oss rec	eipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	suppor	t from	gross	invest	tment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
	See section	509(a)(2). (Complete	e Part III.)										
10	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ŀ).					
11 📖	•	•	perated exclusively for the						•				or
			ations described in secti		,		2). See sec	tion 509(a)(3). Ch	eck th	ie box	that	
			organization and compl		Ũ			. — _					
	a 🛄 Type I		•	ype III - Fu		•			e III - No				•
e 📖			t the organization is not		-	-	-		-				
			han one or more publicl						9(a)(1) or	sectio	on 509	(a)(2).	
f	C		ten determination from										
		rganization, check th											. 🗀
g	•		organization accepted ar					•				Yes	
			irectly controls, either al								l 1g(i)	res	No
			upported organization?								1g(ii)		
			n described in (i) above? person described in (i) o								1g(iii)		
h			about the supported or							Ľ	19(11)		L
	T TOVIDE LIE T	ollowing information	about the supported of	gamzation	(3).								
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did vou	u notify the	(vi) Is	the	(vii) Amount of monetary			netary
.,	anization		(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatio	on in col.	support		notal y	
			above or IRC section	governing	document?	(i) of your	support?	(i) organiz U.S	.?		226601		
			(see instructions))	Yes	No	Yes	No	Yes	No	1			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

13

Total

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2012 LEWA WILDLIFE CONSERVANCY USA

87-0572187

Page **2**

	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
_	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)
n /	A. Public Support

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1,623,193.	1,549,725.	3,506,946.	1,610,814.	2,325,312.	10,615,990.
2	Tax revenues levied for the organ- ization's benefit and either paid to						
•	or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,623,193.	1,549,725.	3,506,946.	1,610,814.	2,325,312.	10,615,990.
	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						3,104,429.
6	Public support. Subtract line 5 from line 4.						7,511,561.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,623,193.	1,549,725.	3,506,946.	1,610,814.	2,325,312.	10,615,990.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	5,861.	964.	7,974.	3,303.	928.	19,030.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			202	20. 222	12 202	22.067
	assets (Explain in Part IV.)			383.	20,222.	13,362.	33,967. 10,668,987.
	Total support. Add lines 7 through 10	ata (asa instructi				12	10,000,907.
12	Gross receipts from related activities, First five years. If the Form 990 is for		,	l fourth or fifth to			
13	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (olumn (f))		14	70.41 %
	Public support percentage from 2011					15	65.32 %
	33 1/3% support test - 2012. If the c					nore, check this bo	x and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶∟
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the				• •		
	organization meets the "facts-and-cire			•	, v		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	l l					
membership fees received. (Do not	1					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-	l					
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	1					
the organization without charge	1					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	1					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2012 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2011	16	%				
Section D. Computation of Inves	stment Incom	e Percentage)			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))						%
18 Investment income percentage from 2	18	%				
19a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organiz	zation	►
b 33 1/3% support tests - 2011. If the	organization did r	not check a box o	n line 14 or line 19	9a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3% , che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	ported organization	•▶□
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check [.]	this box and see ir	structions	>
232023 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 201
			15			

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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

ZU IZ

OMB No. 1545-0047

Employer identification number

87-0572187

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization	type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2012)
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Name of organization

Page 2

87-0572187

Employer identification number

LEWA WILDLIFE CONSERVANCY USA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll Noncash 228,212. \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 2 Person Payroll 70,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 Х Person Payroll 135,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll Noncash 54,950. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 No. **Total contributions** 5 X Person Payroll Noncash 50,000. (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Person X Payroll 250,000. Noncash \$ (Complete Part II if there is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 223452 12-21-12

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Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2012)
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Name of organization

Page 2

87-0572187

Employer identification number

LEWA WILDLIFE CONSERVANCY USA

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll Noncash 250,000. \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll Noncash 170,000. \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 9 Х Person Payroll 101,573. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х Person Payroll Noncash 99,970. (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 No. **Total contributions** 11 X Person Payroll Noncash 65,000. (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 Person X Payroll 56,500. Noncash \$ (Complete Part II if there is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 223452 12-21-12 18

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

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Employer identification number

87-0572187

LEWA WILDLIFE CONSERVANCY USA

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—			
(a)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
		_	
—		_	
453 12-21		\$	990, 990-EZ, or 990-PF) (2

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	E CONSERVANCY USA		87-0572187		
t	Exclusively religious, charitable, etc., in year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, Jse duplicate copies of Part III if addition	dividual contributions to section 50 I the following line entry. For organiza etc., contributions of \$1,000 or less anal space is needed	I(C)(7), (8), or (10) organizations that total more than \$1,000 ations completing Part III, enter for the year. _(Enter this information once.) \$		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	Relationship of transferor to transferee		
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- =					
	Transferee's name, address,	(e) Transfer of g	sfer of gift Relationship of transferor to transferee		
			·		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	gift Relationship of transferor to transferee		
454 12-21-12		I	Schedule B (Form 990, 990-EZ, or 990-P		

(Form	990)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public
Inspection

Nam	e of the organization LEWA WILDLIFE CONSERVANCY US.	λ				Employ	er identifica / 87-057218	tion number
Pa			r Other S	imilar Fund	ls or Ac	count		
Ia						count	3.Complete I	
	organization answered "Yes" to Form 990, Part IV, line		onor advised	funds	(b)	Funds	and other acc	counts
4	Total number at and of year	(4) D		lando	(8)	in and o		
1	Total number at end of year							
2								
3 4	Aggregate grants from (during year)							
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in w	riting that th		d in donor advi	icod fund			
5	are the organization's property, subject to the organization's e	-					🗌 Yes	
6	Did the organization inform all grantees, donors, and donor ad						🗀 165	
U	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?					•	🖂 Yes	
Pa							💶 163	
1	Purpose(s) of conservation easements held by the organizatio				r arcrv, m	10 1 .		
•	Preservation of land for public use (e.g., recreation or ec	•		ervation of an hi	istorically	imnorta	nt land area	
	Protection of natural habitat	lucation		ervation of a cer	-			
	Preservation of open space		11000					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conserva	tion contribu	ition in the form	n of a con	servatio	n easement d	on the last
-	day of the tax year.							
						He	ld at the End o	of the Tax Year
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements					2b		
c	Number of conservation easements on a certified historic stru					<u></u> 2c		
	Number of conservation easements included in (c) acquired at							
	listed in the National Register		-			2d		
3	Number of conservation easements modified, transferred, rele						uring the tax	
-	year ►		<i>jalonea</i> , er ti		ie ergenie			
4	Number of states where property subject to conservation ease	ement is loc	ated ►					
5	Does the organization have a written policy regarding the period			on. handling of	f			
	violations, and enforcement of the conservation easements it		•	, J			Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting, a						•	
7	Amount of expenses incurred in monitoring, inspecting, and en							
8	Does each conservation easement reported on line 2(d) above	e satisfy the	requirement	s of section 17	0(h)(4)(B)(i) —		
	and section 170(h)(4)(B)(ii)?	-	-				Yes	🗌 No
9	In Part XIII, describe how the organization reports conservatio							
	include, if applicable, the text of the footnote to the organization	on's financia	al statements	that describes	s the orga	nization	's accounting	g for
	conservation easements.				-		-	-
Pa	t III Organizations Maintaining Collections of	Art, Hist	orical Trea	asures, or C	Other Si	imilar	Assets.	
	Complete if the organization answered "Yes" to Form 9	90, Part IV,	line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not t	o report in its	s revenue state	ement and	balanc	e sheet work	s of art,
	historical treasures, or other similar assets held for public exhi	bition, educ	ation, or rese	earch in further	ance of p	ublic sei	rvice, provide), in Part XIII,
	the text of the footnote to its financial statements that describ	es these ite	ms.					
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to re	port in its rev	venue statemer	nt and bal	ance sh	eet works of	art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or r	esearch in fu	irtherance of p	ublic serv	ice, prov	vide the follow	wing amounts
	relating to these items:							
	(i) Revenues included in Form 990, Part VIII, line 1					▶ \$_		
	(ii) Assets included in Form 990, Part X					▶ \$_		
2	If the organization received or held works of art, historical trea	sures, or oth	ner similar as	sets for financi	ial gain, pi	rovide		
	the following amounts required to be reported under SFAS 11	6 (ASC 958)) relating to t	hese items:				
а	Revenues included in Form 990, Part VIII, line 1					▶ \$_		
b	Assets included in Form 990, Part X					▶ \$_		
LHA 23205 12-10-	For Paperwork Reduction Act Notice, see the Instructions	for Form 99	90.			Sch	nedule D (For	rm 990) 2012

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Sche	dule D (Form 990) 2012 LEWA WILDL	IFE CONSERVANCY	USA				87	7-05721	L87	Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following tha	t are a się	gnificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizatio	on's exer	npt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er similar	assets		_	
	to be sold to raise funds rather than to be m							L	Yes	<u>No</u>
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	'Yes" to F	⁻ orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not i	included		-	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						_ 1e			
f	Ending balance								_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	No No
_	If "Yes," explain the arrangement in Part XIII							<u></u>		
Pai	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" to Fo						
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for th	ie organiza	tion	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm								<u> </u>	
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)		cumulated reciation		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				3,737.		2,6	51.		1,086.
	Other									
	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0(c).)					1,086.
-								م ام م مار را م		000) 2012

Schedule D (Form 990) 2012

232052 12-10-12

Schedule D (Form 990) 2012 LEWA WILDLIFE CON		10	87-05	572187	Page 3
(a) Description of security or category (including name of security)	e Form 990, Part X, Iir (b) Book value		valuation: Cost or end-c	of-vear market	t value
(1) Financial derivatives (2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII Investments - Program Related. Se		ine 13.			
(a) Description of investment type	(b) Book value	(c) Method of	valuation: Cost or end-c	of-year market	t value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line				(h) D	
	Description			(b) Book v	√aiue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)(8)					
(8) (9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)				
Part X Other Liabilities. See Form 990, Part X, I					
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		.,	-		
(2)			-		
(3)			-		
(4)			-		
(5)			1		
(6)			1		
(7)			1		
(8)			-		
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex		he organization's financia	al statements that repo	rts the organi	zation's
liability for uncertain tax positions under FIN 48 (ASC 7					X
				lule D (Eorm	000) 2010

232053 12-10-12

Schedule D (Form 990) 2012

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Sche	dule D (Form 990) 2012 LEWA WILDLIFE CONSERVANCY USA	87-0572187	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	2,384,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 24,613.		
е	Add lines 2a through 2d	2e	24,613.
3	Subtract line 2e from line 1	3	2,360,269.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,360,269.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1	Total expenses and losses per audited financial statements	1	2,614,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 24,613.		
е	Add lines 2a through 2d	2e	24,613.
3	Subtract line 2e from line 1	3	2,590,063.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,590,063.
Pa	rt XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	and 2b; Part	V, line 4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	on.	
PART	X, LINE 2: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED		
STAT	ES OF AMERICA REQUIRE THE ORGANIZATION'S		
MANA	GEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND		
RECO	GNIZE A TAX LIABILITY (OR AN		

ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE

LIKELY THAN NOT WOULD BE SUSTAINED

UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, THE ORGANIZATION'S

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND

Schedule D (Form 990) 2012

232054 12-10-12

Schedule D (Form 990) 2012 LEWA WILDLIFE CONSERVANCY USA	87-0572187	Page 5
Part XIII Supplemental Information (continued)		
HAS CONCLUDED THAT AS OF DECEMBER 31, 2012, THERE ARE NO UNCERTAIN TAX		
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF		
A LIABILITY (OR AN ASSET) OR DISCLOSURE IN THC FINANCIAL STATEMENTS. THE		
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;		
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.		
MANAGEMENT		
BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR YEARS ENDED		
PRIOR TO 2009.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES 24,613.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES 24,613.		
232055 12-10-12	Schedule D (Forn	1 990) 2012

(Fo Depar	HEDULE F rm 990) rtment of the Treasury al Revenue Service		Complete if the	organization ansv Part IV, line 14b, 15 orm 990. ► See s
Nam	ne of the organizat	ion		
LEW	A WILDLIFE COM	ISERVANCY USA		
Ра	rt I Genera	I Information on A	Activities Out	tside the Unite
	to Form §	90, Part IV, line 14b.		
1	-	s. Does the organizatio gibility for the grants or		
2	For grantmaker United States.	s. Describe in Part V th	e organization's p	procedures for mor
3	Activities per Re	gion. (The following Par	t I, line 3 table ca	an be duplicated if a
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities cor (by type) (e.g., fur services, invest recipients locat

side the United States

wered "Yes" to Form 990, 5, or 16.

separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

LEWA WILDLIFE CONSERVA	NCV USA				87-0572187	
		ctivities Out	tside the United States. Complete	ete if the organi		/es"
to Form 990, Pa						103
		n maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	
			the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
	be following Part	I line 3 table ca	an be duplicated if additional space is	needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	 (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) 	(e) If activ is a prog describe	vity listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA -						
ANGOLA,	0	0	GRANTS TO RECEPIENTS	PROGRAM SUP	PORT	2,119,052.
3 a Sub-total	0	0				2,119,052.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						

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

0

0

Schedule F (Form 990) 2012

2,119,052.

232071 12-10-12

and 3b)

232072 12-10-12

(a) Name of organization

Part II

1

		SUB-SAHARAN AFRICA - ANGOLA,	PROGRAM SUPPORT	2,119,052.	PAYMENT	0.		2119052		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreian countrv.	recognized as tax-e	xempt bv		L		
								1		
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter B Enter total number of other organizations or entities 0									

27

LEWA WILDLIFE CONSERVANCY USA Schedule F (Form 990) 2012

(c) Region

(b) IRS code section

and EIN (if applicable)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(e) Amount

(d) Purpose of

grant

(i) Method of

valuation (book, FMV,

appraisal, other)

87-0572187

(f) Manner of

of cash grant cash disbursement

(g) Amount of

non-cash

assistance

(h) Description

of non-cash

assistance

232073 12-10-12

_		, , , , , , , , , , , , , , , , , , ,	assistance	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(d) Amount of

cash grant

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

(b) Region

(a) Type of grant or assistance

(g) Description of

non-cash assistance

87-0572187

(f) Amount of

non-cash

(e) Manner of

cash disbursement

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2012

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see <i>Instructions for Form 8621</i>)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

232074 12-10-12 Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GRANTS ARE MONITORED CAREFULLY BY LEWA

THROUGH A SYSTEM OF EXPENDITURE ACCOUNTABILITY WITH SIGNIFICANT REPORTING

REOUIRED OF GRANT RECEPIENTS.

Part V

232075 12-10-12

16010906 755908 0146262

87-0572187

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2012
Open To Public

Employer identification number

Name of the organization

LEWA WILDLIFE CONSERVANCY USA							
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Fotal							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

16010906 755908 0146262

Page **2**

Га	art I	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	45,540.			45,540.
_			20.000			20. 200
	2	Less: Contributions	28,260.			28,260.
	3	Gross income (line 1 minus line 2)	17,280.			17,280.
		Orah mina				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
ш н	7	Food and howers and				
Direc	ľ	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				24,613.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	(24,613)
		Net income summary. Combine line 3, colum				-7,333.
Pa	art l		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	-	(In) Dull tabe/instant		
anc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Å	1	Gross revenue				
ŝ	2	Cash prizes				
ense						
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
Ē	-					
	5	Other direct expenses				
			Yes %	Yes %	└── Yes %	
	6	Volunteer labor	No No	No No	No No	
]_		h 5 in achunan (d)		•	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (a)		▶	()
	8	Net gaming income summary. Combine line	1, column d, and line 7			
			, ,			
9	Ent	ter the state(s) in which the organization opera	ates gaming activities:			
		he organization licensed to operate gaming a				🗀 Yes 🗀 No
b) If "	No," explain:				
10-		ere any of the organization's gaming licenses n	evoked suspended or te	rminated during the tax	vear?	Yes No
~		Yes," explain:				
	_					
2320	82 0	1-07-13			Schedule C /Er	orm 990 or 990-EZ) 2012
_020	52 0					

Sch	edule G (Form 990 or 990-EZ) 2012 LEWA WILDLIFE CONSERVANCY USA	87-0572	2187	Page 3
	Does the organization operate gaming activities with nonmembers?		Y	es 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		<u>г</u>	es 🗌 No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es 🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amo	ount		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			es 🗌 No
	retain the state gaming license?			
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
Do	organization's own exempt activities during the tax year s	(!!!)		
۲d	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colulines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf			
	······································		(
2320		G (Form	990 or	990-EZ) 2012
~ 4 /	33		^-	460601

16010906 755908 0146262 2012.04020 LEWA WILDLIFE CONSERVANCY U 01462621

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

. Inspection

Name of the organization

Employer identification number 07 0570107

l

	LEWA WILDLIFE CONS	ERVANCY U	SA		87-0	572187		
Par	Part I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d) determining bution amou		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	6	37,570.	NYSE LISTING			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
20-	During the year did the exception reactive h	voortributio	n on or proporti v rouge	autod in Dart I. linaa 1.00 th	at it must hold for	Te	es No	
30a	During the year, did the organization receive b							
	at least three years from the date of the initial					20.0	X	
h	the entire holding period?					. <u>30a</u>		
р 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	nolicy that m	aquires the review	of any non-standard contrib	utions?	31	x	
	Does the organization have a gift acceptance Does the organization hire or use third parties					. 31		
JZd			•			32a	x	
h	contributions? If "Yes," describe in Part II.					JEd		
33	If the organization did not report an amount in	column (c) f	ior a type of propo	rty for which column (a) is of	hecked			
	describe in Part II.			ay ion which column (a) is ch				
ЦΔ	For Paperwork Reduction Act Notice see	the Instruc	tions for Form 00	0	Schodulo I	M (Eorm 99)	0) (2012)	

For Pap erwork Reduction Act Notice, see the Instructions for Form 990. I HA

hedule M (Form 990) (2012):

232141 12-20-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 87-0572187

LEWA WILDLIFE CONSERVANCY USA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEWA USA ADVOCATES ADVISES BUILDS CONSTITUENCIES AND MOBILIZES

FUNDING TO SUSTAIN AND EXPAND THE LEWA WILDLIFE CONSERVANCY'S UNIQUE

MODEL OF COMMUNITY-BASED CONSERVATION.

FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT, THE TREASURER AND THE

SECRETARY REVIEW THE 990 AS PREPARED BY OUR OUTSIDE ACCOUNTANTS AND GIVE

FINAL APROVAL ONCE ALL ISSUES HAVE BEEN CLARIFIED TO THEIR SATISFACTION.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS ARE INVITED TO

SIGN THE POLICY EACH YEAR; ALL BOARD MEMBERS ARE REQUIRED TO CLEAR

POTENTIAL CONFLICTS OF INTEREST FIRST EXECUTIVE DIRECTOR AND WITH THE FULL

BOARD. THE BOARD THEN DISCUSSES AND REVIEWS POTENTIAL CONFLICTS. IF

CONFLICTS ARISE BOARD MEMBERS MAY RECUSE THEMSELVES FROM FURTHER DISCUSSION

AND VOTING ON THE MATTER; IN RARE CIRCUMSTANCES BOARD MEMBERS MAY BE ASKED

TO LEAVE THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MA, MI, MN, NH, NJ, NM, NY, NC, OH, OK, AZ, MD

OR, PA, RI, TN, UT, SC, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13 35

16010906 755908 0146262

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization				Page Employer identification number
LEWA WILDLIFE C	CONSERVANCY USA			87-0572187
OVERSIGHT OF AUDIT				
THERE HAVE BEEN NO CHANGES DURING TH	E YEAR IN THE PROCESS	FOR OV	ERSIGHT	
OF THE AUDIT OF THE FINANCIAL STATEM	IENTS.			
222210				
232212 01-04-13		36		Schedule O (Form 990 or 990-EZ) (2012
10906 755908 0146262	2012.04020		WILDLIFE	CONSERVANCY U 01462621