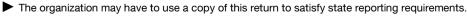
Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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





AF	or th	e 2012 calendar year, or tax year beginning and o	ending		
B c	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	e COALITION FOR THE UPPER SOUTH PLATTE			
	Name Chang	e Doing Business As		84-14	469785
	Initial		Room/suite		
	Termi	FO BOX 720		719-'	748-0033
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,791,776.
	Appli tion pendi	DAKE GEORGE, CO 00027	H(a) Is this a group re		
	penu	F Name and address of principal officer: CAROL EKARIOS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	lf "No," attach a	list. (see instructions)
		te: > WWW.UPPERSOUTHPLATTE.ORG		H(c) Group exemption	
KF	orm o	organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1998 M	State of legal domicile: CO
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO PI	ROTECT	THE WATER (QUALITY AND
anc		ECOLOGICAL HEALTH OF THE UPPER SOUTH PLAT	FTE WA	TERSHED THR	OUGH THE
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			15
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b) .			15
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			29
iviti	6	Total number of volunteers (estimate if necessary)			3200
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,905,993.	2,677,822.
ent	9	Program service revenue (Part VIII, line 2g)		108,529.	113,530.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		269.	229.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		156.	195.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,014,947.	2,791,776.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,165.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		608,794.	700,792.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,111,144.	2,356,052.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,724,103.	3,056,844.
	19	Revenue less expenses. Subtract line 18 from line 12		290,844.	-265,068.
s or lces			Be	ginning of Current Year	End of Year
Net Assets (Fund Balanc	20	Total assets (Part X, line 16)		592,868.	648,645.
at As	21	Total liabilities (Part X, line 26)		131,843.	452,688.
Pure Line	22	Net assets or fund balances. Subtract line 21 from line 20		461,025.	195,957.
		Signature Block			
Und	er pen	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is

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

Sign Here	Signature of officer CAROL EKARIUS, EXECUTI Type or print name and title	VE DIRECTOR		Date								
Paid	Print/Type preparer's name JILL J. GOODWIN	Preparer's signature	Date		™)450838							
Preparer	Firm's name 🕨 WAUGH & GOODWIN,	LLP		Firm's EIN 🛌 20 – 1	766527							
Use Only	Firm's address 1365 GARDEN OF T											
	COLORADO SPRINGS	, CO 80907		Phone no. (719)	590-9777							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)											
232001 12-1	0-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			orm 990 (2012)							
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION											

	990 (2012) COALITION FOR THE UPPER SOUTH PLATTE	84-1469785 _P	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission: TO PROTECT THE WATER QUALITY AND ECOLOGICAL HEALTH OF T		
	PLATTE WATERSHED THROUGH THE COOPERATIVE EFFORTS OF STA		ł
	EMPHASIS ON COMMUNITY VALUES AND ECONOMIC SUSTAINABILIT		
	PROGRAMS AND PROJECTS SUCH AS RIVER/STREAM RESTORATION,	FIRE & HABITA	ΑT
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes 🛛	∐ No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	?Yes 🛽	∐ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services.	• •	ł
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 227, 185. including grants of \$) (Reve	nue \$ 91,16	53.)
	FUELS MITIGATION - OPERATE THE NEIGHBORHOOD FUELS REDUC		′
	FUELS MITIGATION PROJECTS, AND THE TELLER COUNTY SLASH	COLLECTION SIT	ΓE
	AND THE FAIRPLAY SLASH SITE, CREATING DEFENSIBLE SPACE	AND REDUCING 7	THE
	RISK OF CATASTROPHIC FIRE AND PROPERTY LOSS.		
4b	(Code:) (Expenses \$ 1,415,682. including grants of \$) (Reve)
	RIVER RESTORATION/ WATER QUALITY MONITORING - EXTENSIVE IMPROVEMENT, RESTORATION, STABILIZATION AND MONITORING		
	IMPROVEMENT, RESTORATION, STABILIZATION AND MONITORING IMPROVE WATER QUALITY.	PROJECTS TO	
	IMPROVE WAIER QUALITI.		
4c	(Code:) (Expenses \$ 992,750. including grants of \$) (Reve	nue \$)
	FOREST HEALTH AND REHABILITATION - FACILITATE PROJECTS		
	VOLUNTEERS) TO IMPROVE FOREST HEALTH BY DEVELOPING AND	IMPLEMENTING	
	CWPPS, MITIGATE INVASIVE SPECIES, ASSIST WITH PRESCRIBE	D BURN, AND	
	REHABILITATE BURNED FORESTS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 285,983 • including grants of \$) (Revenue \$ Total program service expenses ► 2,921,600 •)	
4e	Total program service expenses ► 2,921,600.	- 000	

	990 (2012) COALITION FOR THE UPPER SOUTH PLATTE 84-1469	785	P
Pai	rt IV Checklist of Required Schedules		
			Yes
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	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		
	public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		
_	during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	
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	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	
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	
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	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		
	as applicable.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
	Schedule D, Parts XI and XII	12a	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	
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	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		

No

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Х

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Х X X

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	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х
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	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х

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

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20b

Form 990 (2012)	COALITION			SOUTH	PLATTE					
Part IV Checklist of Required Schedules (continued)										

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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	•		v
~~	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			х
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Δ
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	00		х
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		-77
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula I. David	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
20	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		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?		<u>.</u> _	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012)

Form	990 (2012) COALITION FOR THE UPPER SOUTH PLATTE 84-146
Par	t V Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response to any question in this Part V
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
Ŭ	(gambling) winnings to prize winners?
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,
Zu	filed for the calendar year ending with or within the year covered by this return 2a 2
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)
30	
	It is a subscription of the subscription of the subscription in Coherentian Co
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a
Ha	financial account in a foreign country (such as a bank account, securities account, or other financial account)?
h	If "Yes," enter the name of the foreign country:
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit
0a	any contributions that were not tax deductible as charitable contributions?
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts
b	
7	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo
a b	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
y h	If the organization received a contribution of qualified intellectual property, did the organization file Porth 8899 as required ?
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
9	
	Sponsoring organizations maintaining donor advised funds.
a L	Did the organization make any taxable distributions under section 4966?
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?
10	Section 501(c)(7) organizations. Enter:
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
b	
11	Section 501(c)(12) organizations. Enter:
a L	Gross income from members or shareholders 11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against
10-	amounts due or received from them.) [11b]
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
	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.
а	Is the organization licensed to issue qualified health plans in more than one state?
	Note. See the instructions for additional information the organization must report on Schedule O.
b	Enter the amount of reserves the organization is required to maintain by the states in which the
	organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand ______ 13c

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

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

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Page 5

No

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Form 990 (2012)

14a

14b

Х Х

Yes

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COALITION	FOR	THE	UPPER	SOUTH	PLATTE	
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X

Form 990 (2		COALITION						84-1469785	1 ~ g	
Part VI	Governance, N	/lanagement, ar	nd Dis	closur	'e For each	"Yes" respor	nse to lines 2 thi	rough 7b below, and for a "No" re	sponse	
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.										

Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

					Yes	No			
10	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5	103				
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			4					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
L.		46	1	5					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		ᅴ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			0		x			
•	officer, director, trustee, or key employee?			2		- 22			
3	Did the organization delegate control over management duties customarily performed by or under the					x			
	of officers, directors, or trustees, or key employees to a management company or other person?					X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X			
5	Did the organization become aware during the year of a significant diversion of the organization's as					X			
6	Did the organization have members or stockholders?			6					
7a									
Ŀ.	more members of the governing body?			7a	X				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	STOCKHOIC	iers, or	76		x			
~	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		<u>л</u>			
8		-	-	0.0	x				
	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched at	the	9		x			
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		- 22			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue C	.00e.)		Vaa	Na			
100	Did the exception have level chapters, branches, or effiliates?			10a	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			10a					
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	•	10b					
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boc			11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before	ning the form	Tia					
				12a	x				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12.5					
Ŭ	in Schedule O how this was done			12c	x				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			-	X				
15	Did the process for determining compensation of the following persons include a review and approv.								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	spondone						
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	Other officers or key employees of the organization			15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent witl	na						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's	6						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CO								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section	n 501(c)(3)s only) availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain	in Sche	dule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of	interest policy, a	and fina	ncial				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a THE ORGANIZATION - $719-748-0033$	nd recor	ds of the organiz	ation:	•				

Section A.

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer an	u a u	recic	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	ы	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			-
(1) KAREN BERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(2) TOM EISENMAN	1.00				1					
DIRECTOR		Х						0.	0.	0.
(3) GREG APLET	1.00									
TREASURER		X		Х				0.	0.	0.
(4) MARIE CHISHOLM	1.00				/					
DIRECTOR		Х						0.	0.	0.
(5) KURT DAHL	1.00									
DIRECTOR		Х		Ť				0.	0.	0.
(6) SWITHIN DICK	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DAN DRUCKER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) DON KENNEDY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MARY DAWSON	1.00								_	_
CHAIR		х		Х				0.	0.	0.
(10) DON LOGELIN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) CONNOR BAKER	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) PATRICK O'CONNELL	1.00									-
VICE CHAIR		X		Х				0.	0.	0.
(13) GARTH ENGLUND	1.00									-
DIRECTOR		X						0.	0.	0.
(14) LYNDA JAMES	1.00									
DIRECTOR		X						0.	0.	0.
(15) TEDD STILES	1.00									•
DIRECTOR	45.00	X						0.	0.	0.
(16) CAROL EKARIUS	45.00							C1 C2 C		•
EXECUTIVE DIRECTOR				X				61,626.	0.	0.

								TH PLATTE	84-14	169	785	Pa	ige 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both a					th an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) imated ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	oensat om the nization relate nization	e on ed
								(1.6)(0			
1b Sub-total c Total from continuation sheets to Part V	II, Section A							61,626. 0. 61,626.		0.0.0			0.0.0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization ► 		_		/		e) wl	ho r),000 of reportabl				
				-								Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								highest compensated e			3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edul	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 "Yes," corr</i> Section B. Independent Contractors					-			÷			5		X
 Complete this table for your five highest co the organization. Report compensation for 	-									pens	ation fr	om	
(A) Name and business			<u>orran</u>	ig ti		0. 11		(B) Description of s		С	(C omper		 1
WILDLAND HYDROLOGY 11210 N CR 19, FT COLLINS, CO 80524								HYDRO ENGINE	ERING	1	,144	1,34	15.
CHAPPARRAL CONSTRUCTION, LLC 13311 HWY 12, LAVETA, CO 81055								CONSTRUCTION			346	5,13	34.
HAROLD D. GIBSON 15240 WESTCREEK RD, SEDALIA, CO 80135 MALLET EXCAVATING INC., 1313 RAMPART RANGE								CONSTRUCTION			150),42	23.
RD, WOODLAND PARK, CO 80								EXCAVATING S	VCS		119	9,60)3.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

е

f

b С d е

q 3

4

5

	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)	<u></u>	►				
ø	8 a	Gross income from fundraising events (not						
nue		including \$ of						
eve		contributions reported on line 1c). See						
г Н		Part IV, line 18	a					
Other Revenue	b	Less: direct expenses						
0	с	Net income or (loss) from fundraising event	:s	►				
	9 a	Gross income from gaming activities. See	Γ					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gaming activities		►				
	10 a	Gross sales of inventory, less returns						
		and allowances	a					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sales of inventory	/	►				
		Miscellaneous Revenue	В	Business Code				
	11 a	MISCELLANEOUS REVENUE		900099	195.	195.		
	b							
	с							
	d	All other revenue	L					
	е	Total. Add lines 11a-11d		►	195.			
	12	Total revenue. See instructions.			2,791,776.	113,725.	0.	
23200 12-10-								Fo

COALITION FOR THE UPPER SOUTH PLATTE

(A)

Total revenue

▶ 2,677,822.

91,163.

22,367.

113,530.

229

(B)

Related or

exempt function

revenue

91,163.

22,367.

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

1a

1b

1c 1d

1f

(i) Real

(i) Securities

1e 2,174,253.

503,569

Business Code

900099

900099

►

►

(ii) Personal

(ii) Other

Form 990 (2012) Part VIII Statement of Revenue

c Fundraising events

d Related organizations

Government grants (contributions)

g Noncash contributions included in lines 1a-1f: \$

All other contributions, gifts, grants, and

similar amounts not included above

SPECIAL EVENTS REVENUE

f All other program service revenue

Royalties

Investment income (including dividends, interest, and

other similar amounts)

Income from investment of tax-exempt bond proceeds

1 a Federated campaigns **b** Membership dues

h Total. Add lines 1a-1f .

2 a PROGRAM FEES

Total. Add lines 2a-2f

6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... **7 a** Gross amount from sales of

assets other than inventory

(C)

Unrelated

business

revenue

(D) Revenue excluded from tax under sections 512, 513, or 514

229.

229

Form 990 (2012)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u>Sec.</u>	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				X
De	not include amounts reported on lines 6b,	(Å)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		experiees	general expenses	experiese
•	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	61,626.	36,975.	20,953.	3,698.
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	573,468.	507,454.	38,582.	27,432.
8	Pension plan accruals and contributions (include	-			
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,331.	15,203.	115.	13.
10	Payroll taxes	50,367.	49,949.	378.	40.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	7,167.		7,167.	
	Lobbying				
	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.)	2,126,622.	2,115,924.	9,828.	870.
12	Advertising and promotion	7,064.	7,064.		
13	Office expenses	58,219.	56,157.	972.	1,090.
14	Information technology				
15	Royalties		6 01 0		
16	Occupancy	7,995.	6,210.	1,781.	4.
17	Travel	25,861.	19,533.	5,987.	341.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 100	1 1 0 0		
19	Conferences, conventions, and meetings	1,182.	1,182.	A	F
20	Interest	6,257.	6,205.	47.	5.
21	Payments to affiliates	0 0 0 0 0	0 0 0 0 1 1		
22	Depreciation, depletion, and amortization	8,823. 13,335.	8,823. 13,225.	100.	10.
23	Insurance	13,333.	13,223.	T00.	TO.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) EQUIPMENT MAINTENANCE A	30,888.	28,726.	2,162.	
a b	SMALL EQUIPMENT	25,655.	16,924.	8,726.	5.
u o	RESOURCE SERVICES	10,650.	10,561.	80.	9.
ט ה	MISCELLANEOUS	9,172.	7,111.	651.	1,410.
u	All other expenses	17,162.	14,374.	2,778.	10.
е 25	Total functional expenses. Add lines 1 through 24e	3,056,844.	2,921,600.	100,307.	34,937.
25	Joint costs. Complete this line only if the organization	-,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					600 (0010)

33

34

	<u>1 990 (</u>		THE	UPPER SOUTH F	LATTE	84-	1469785 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	y ques	tion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			21,937.	1	63,865.
	2	Savings and temporary cash investments			401,373.	2	3,110.
	3	Pledges and grants receivable, net			28,728.	3	434,705.
	4	Accounts receivable, net			22,648.	4	14,717.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensi	ated e	mployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ified pe	ersons (as defined under			
		section 4958(f)(1)), persons described in sectior	า 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	. Comp	olete Part II of Sch L		6	
sets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges			2,480.	9	19,369.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	222,906.			
	b	Less: accumulated depreciation	10b	110,027.	115,702.	10c	112,879.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	34)	592,868.	16	648,645.	
	17	Accounts payable and accrued expenses			39,645.	17	365,370.
	18	Grants payable			18	100	
	19	Deferred revenue				19	100.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former					
.iab		key employees, highest compensated employee					
		Complete Part II of Schedule L			00 100	22	07.010
	23	Secured mortgages and notes payable to unrela			92,198.		87,218.
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines					
		Schedule D			131,843.	25	452,688.
	26	Total liabilities. Add lines 17 through 25			131,043.	26	452,000.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🖾 and			
ces	07	complete lines 27 through 29, and lines 33 ar			45,208.	07	171,411.
lan	27	Unrestricted net assets			415,817.	27	24,546.
Ba	28	Temporarily restricted net assets			413,017.	28	24,540.
pun	29			0) shask have b		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	130 95	oj, check nere 🏴 📖			
ts o	20	and complete lines 30 through 34.				30	
sei	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				30	
ťΑ	32	Retained earnings, endowment, accumulated in				32	
Ne	22	Tetal net essets or fund belenses	icome,		461 025	22	195 957

Total net assets or fund balances

Total liabilities and net assets/fund balances

195,957. 648,645. Form 990 (2012)

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34

461,025. 592,868.

Forn	1990 (2012) COALITION FOR THE UPPER SOUTH PLATTE	84-14	169785 Page 12
Pa	rt 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 12)	1	2,791,776.
2	Total expenses (must equal Part IX, column (A), line 25)		3,056,844.
3	Revenue less expenses. Subtract line 2 from line 1		-265,068.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		461,025.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)		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	195,957.
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		X
			Yes No

	Check if Schedule O contains a response to any question in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Х	
		Form	990 (2012)

SCHED (Form 990 Department of Internal Reven	0 or 990-EZ) 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. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.									. 1545-00 012 to Publection	lic
Name of the	he organizati				-				mployer	identifica	tion nu	mber
	-	COALITI	ON FOR THE U	PPER	SOUTH	PLAT	TE		8	4-146	9785)
Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
The organi: 1 2 3 4 5 6 7X 8 9 10 11 e f g	zation is not a A church, cou A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170 A community An organizati activities relat income and u See section An organizati An organizati An organizati activities relat income and u See section An organizati Morganizati Morganizati By checking foundation m If the organiz supporting of Since August (i) A person the gove	private foundation I novention of churches cribed in section 17 a cooperative hospit search organization of e: on operated for the I (b)(1)(A)(iv). (Complet te, or local governme on that normally rect b)(1)(A)(vi). (Complet trust described in s on that normally rect ted to its exempt fur inrelated business ta 509(a)(2). (Complete on organized and op on supported organiza a type of supporting b T Ty this box, I certify tha anagers and other th ation received a writ ganization, check th c 17, 2006, has the o on who directly or ind erning body of the su	because it is: (For lines 1 s, or association of churce O(b)(1)(A)(ii). (Attach Sci tal service organization of operated in conjunction of benefit of a college or un- ete Part II.) ent or governmental unit eives a substantial part of the Part II.) ection 170(b)(1)(A)(vi). (eives: (1) more than 33 1 inctions - subject to certa axable income (less sect e Part III.) perated exclusively to ter- perated exclusively to ter- perated exclusively to ter- perated exclusively for the titions described in section organization and comple- repe II $c \Box T_y$ t the organization is not han one or more publicly ten determination from t	I through 1 ches described hedule E.) described i with a hos niversity ov t described of its supp (Complete 1/3% of its in exception 511 ta st for public he benefit of on 509(a)(1 ete lines 1 ype III - Fun controlled y supporte the IRS that one or tog	11, check in ribed in section pital description of the pital description of the pital description of the pital description of the section of	only one b ction 170 170(b)(1)(ribed in se berated by on 170(b)(1) governme rom contri 2) no more sinesses a See section form the fur on 509(a)(2 n 11h. integrated r indirectly ations desc pe I, Type on from any persons c	ox.) (b)(1)(A)(i) (c)(1)(A)(i)((b)(1)(A)(ii mental uni r from the nembershi /3% of its y the orga y the orga or to carry or to carry r more disc ection 509(i l Typ r more disc ection 509 I more disc ection 509	t describ general p fees, a support nization y out the a)(3). Ch e III - No qualified $\partial(a)(1)$ or sons?	public des nd gross m from gros after June purposes eck the bo n-functiona persons o section 50	cribed eceipts s invest 30, 197 of one x that ally integ ther that 9(a)(2).	in from tment 75. or grated an
	., ,	•	person described in (i) c							11g(ii	_	
			about the supported or								-	<u> </u>
(i) Name of supported (ii) EIN organization			(iii) Type of organization (described on lines 1-9	(iv) Is the o in col. (i) lis governing o	rganization sted in your document?	organizat (i) of your	ion in col. support?	(vi) Is organizatic (i) organiz U.S.	on in col. ed in the .?	(vii) Amou su	nt of mo pport	netary
				Yes	No	Yes	No	Yes	No			

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

Schedule A (Form 990 or 990-EZ) 2012

Total

Schedule A (Form 990 or 990-EZ) 2012 COALITION FOR THE UPPER SOUTH PLATTE 84-1469785 Page 2

Part II

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

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.")	206,732.	558,418.	1275704.	1905993.	2677822.	6624669.
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 \dots						
4	Total. Add lines 1 through 3	206,732.	558,418.	1275704.	1905993.	2677822.	6624669.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						6624669.
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	206,732.	558,418.	1275704.	1905993.	2677822.	6624669.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	49.			269.	229.	547.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	2,611.	9,178.	3,171.	156.	195.	15,311.
11	Total support. Add lines 7 through 10						6640527.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	301,586.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	99.76 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	99.63 %
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			►X
b	33 1/3% support test - 2011. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2012

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.)

Calendar year (or fised) year beginning (n) by (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total membership fees received. (Do not include any "unusual grants.") 1 Gins, grants, contributions, and or grants, "membership fees received. (Do not include any "unusual grants.") (a) 2008 (b) 2009 (c) 2011 (e) 2012 (f) Total membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from activities stat are not an unrelated trade or business ander section 513 (a) 2008 (a) 2008 (b) 2009 3 Gross receipts from activities that are not an unrelated trade or business ander section 513 (b) 2009 (c) 2010 (c) 2010 4 Tax revenue selved of nite benaft (c) 2010 (c) 2010 (c) 2010 (c) 2010 5 The value of services or facilities that are not an unrelated trade or busines 1, 2, and 3 received from disqualified persons (c) 2010 (c) 2011 (c) 2012 (f) Total support 6 Total. Add lines 7 and 7b (a) 2008 (c) 2010 (c) 2011 (c) 2012 (f) Total support 9 Aroustin fourballfied persons and from the second from the second from that second the part second from the second	Sec	tion A. Public Support								
membership fees received. (Do not include any "unusual grants.")	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
include any "unusual grants.")	1	Gifts, grants, contributions, and								
2 Goss receipts from admissions, mechanics and services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose a growth that is related to the organization's tax-exempt purpose a Goss receipts from activities that are not an unrelated trade or business under section 513 a Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge a Tax revenues levied for the organization without charge Tax revenues levied for the organization without charge The value of services or facilities the organization without charge a revelved form disquilified persons that exceed the graph of the organization the organization without charge To Admounts form line 6 chalf and the paint of the tax of the memory of the last second the graph of the organization without charge a public support admount of the 12 and the part of the organization of the organization the tax of the tax of the memory of the last second the graph of the organization of the organization the tax of the tax of the second the graph of the organization of the tax of the second the graph of the organization of the tax of the tax of the second the graph of the organization of the tax of the second the second the graph of the organization of the tax of the tax of the second th		membership fees received. (Do not								
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4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		are not an unrelated trade or bus-								
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Section D. Computation of Investment Income Percentage	15	Public support percentage for 2012 (I	line 8, column (f) d	ivided by line 13, o	column (f))		15	%		
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	Sec	tion D. Computation of Investion	stment Incom	e Percentage						
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%		
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20									

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

Name of th	ne organizatio	n
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(COALITION FOR THE UPPER SOUTH PLATTE	84-1469785
Organization type (check	< one):	
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	n 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 Ru	le. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in manplete Parts I and II.	oney or property) from any one
Special Rules		

X 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.

□ 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)

Name of organization

Employer identification number

84-1469785

COALITION FOR THE UPPER SOUTH PLATTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	(see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	DENVER WATER 1600 W 12TH DENVER, CO 80204	\$ <u>65,280.</u>	PersonXPayrollNoncash(Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	NATIONAL FOREST FOUNDATION BUILDING 27, SUITE 3 FORT MISSOULA RD MISSOULA, MT 59804	\$ <u>976,500</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT 4300 CHERRY CREEK DRIVE SOUTH DENVER, CO 80246	\$ <u>429,877.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	US FOREST SERVICE 1400 INDEPENDENCE AVE. WASHINGTON, DC 20250-0003	\$360,667.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	CITY OF COLORADO SPRINGS 30 S. NEVADA AVE, SUITE 101 COLORADO SPRINGS, CO 80903	\$ <u>161,040.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	COLORADO SPRINGS UTILITIES 111 S. CASCADE AVE. COLORADO SPRINGS, CO 80903	\$ <u>127,690.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
223452 12-2	1-12	Schedule B (Form S	90, 990-EZ, or 990-PF) (2012)			

Name of organization

Employer identification number

84-1469785

COALITION FOR THE UPPER SOUTH PLATTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	\$ <u>99,572.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	PARK COUNTY LAND & WATER TRUST FUND P.O. BOX 1373 FAIRPLAY, CO 80440	\$ <u>117,013.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		

223452 12-21-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	Page 3
Name of organization	Employer identification number
COALITION FOR THE UPPER SOUTH PLATTE	84-1469785

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

	Noncash Property (see instructions). Use duplicate copies of Part II if a	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) No. rom 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	

ime of orga	mzation		Employer identification number
	ION FOR THE UPPER SOUT		84-1469785
Part III	<i>Exclusively</i> religious, character, etc., ind year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, e Use duplicate copies of Part III if addition	the following line entry. For organizations to section so (to the following line entry. For organization to the following line entry. For organization so the fo	C)(7), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter r 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, a	(e) Transfer of gif and ZIP + 4	ft 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
		(e) Transfer of gif	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I -			
-		(e) Transfer of gif	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			

SCHEDUL	ΕD
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(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

Nam	e of the organization	UPPER SOUTH PLATTE	1	Employer identification number 84 – 1469785
Pa			or Acc	
	organization answered "Yes" to Form 990, Part IV, li			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		()	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
5	are the organization's property, subject to the organization's	0		
6	Did the organization inform all grantees, donors, and donor			
Ŭ	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			·
Pa				
1	Purpose(s) of conservation easements held by the organiza	· ·		
•	Preservation of land for public use (e.g., recreation or		torically i	moortant land area
	Protection of natural habitat	Preservation of a certi	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form o	of a cons	ervation easement on the last
-	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic s		······ —	2c
	Number of conservation easements included in (c) acquired		····· —	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, r			
-	year ►			
4	Number of states where property subject to conservation e	asement is located		
5	Does the organization have a written policy regarding the policy			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
7	Amount of expenses incurred in monitoring, inspecting, and	-		
8	Does each conservation easement reported on line 2(d) abo			
		· · ·		
9	In Part XIII, describe how the organization reports conserva			
	include, if applicable, the text of the footnote to the organiz			
	conservation easements.		-	-
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	ther Si	milar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	nent and	balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherar	nce of pu	blic service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of put	olic servio	ce, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		1	▶ \$
				▶ \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial	l gain, pro	ovide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		1	▶ \$
b	Assets included in Form 990, Part X			► \$

		ON FOR THE					469785	
Pa	rt III Organizations Maintaining C	Collections of Art,	, Historical 1	Freasures, o	or Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accessi	ion, and other records,	check any of th	e following tha	t are a sign	ificant use of i	ts collectior	items
	(check all that apply):							
а	Public exhibition	d	Loan or ex	kchange progra	ams			
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain I	how they furthe	r the organizati	on's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m						Yes	└── No
Pa	rt IV Escrow and Custodial Arran		e if the organizat	tion answered '	'Yes" to For	rm 990, Part IV	V, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributi	ons or other as	sets not inc	luded		
	on Form 990, Part X?					L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1?			L	Yes	No No
	/ 1 3							
Pai	rt V Endowment Funds. Complete i	if the organization answ	wered "Yes" to F					
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years bad	ck (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 balance	(line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment -	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held	and administe	red for the	organization	г	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the	0						
Pai	rt VI Land, Buildings, and Equipm		i	F				
	Description of property	(a) Cost or oth basis (investme		st or other is (other)	(c) Accu depre	imulated ciation	(d) Book	value
1a	Land			12,150.				2,150.
			1	22,850.	3	4,604.	88	3,246.
	Leasehold improvements							
				45,386.		8,103.		7,283.
	Other			42,520.	3	7,320.		5,200.
	I. Add lines 1a through 1e. (Column (d) must e		column (B), line	e 10(c).)			112	2,879.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 COALITION FC Part VII Investments - Other Securities. See			re 84	-1469785 Page 3
(a) Description of security or category (including name of security)	(b) Book value		luction: Cost or on	d-of-year market value
	(D) BOOK Value	(c) Method of va	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
<u>(D)</u>				
(E) (F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 990 Part X line	13		
(a) Description of investment type	(b) Book value		aluation: Cost or en	d-of-year market 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 1	5.			
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>	
Part X Other Liabilities. See Form 990, Part X, lir	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the footnote to the	organization's financial	statements that re	ports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 COALITION FOR THE UPPER SOU	ЈТН В	LATTE	84-	1469785	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi			า	
1	Total revenue, gains, and other support per audited financial statements			1	3,118,	,357.
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	326,581.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		581.
3	Subtract line 2e from line 1			3	2,791,	,776.
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	0 801	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,791,	,776.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme					405
1	Total expenses and losses per audited financial statements			1	3,383,	425.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	326,581.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	2d			200	F 0 1
е	Add lines 2a through 2d			2e		581.
3	Subtract line 2e from line 1			3	3,056,	,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	н I				
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 expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	3,056,	,844.
	t XIII Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III				2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to					
PAR	RT X, LINE 2: THE CORPORATION QUALIFIES AS	A TA	AX-EXEMPT OR	GAN	1ZATION	
TTNTT	NED SECUTON 501(C)(2) OF THE INTERNAL DEVEN			COD	DINCIV	тс
	DER SECTION 501(C)(3) OF THE INTERNAL REVEN		JUDE AND, AC	COR	DINGLI,	19
NO	SUBJECT TO FEDERAL INCOME TAX. ACCORDING	V.T	NO INCOME T	λV	DROWTGTO	זאר
101	SOBOLCI TO FEDERAL INCOME TAX. ACCORDING	, тп	NO INCOME I	AA .	FROVISIO	
цγ	S BEEN RECORDED.					
тнт	E CORPORATION'S FORMS 990, RETURN OF ORGANI	7.ATT	ON EXEMPT F	ROM	TNCOME	
					11,00110	
ТАХ	K, FOR THE YEARS ENDING 2009 TO 2012 ARE SU	JBJEC	T TO EXAMIN	ATI	ON BY	
	<u>,</u>					
VAI	RIOUS TAXING AUTHORITIES, GENERALLY FOR THE	REE A	EARS AFTER	THE	DATE TH	IEY
	· · ·				dule D (Form 9	

Schedule D	(Form 990) 20)12	COAI	LITI	ON 1	FOR	THE	UPPE	R SOUT	H PI	LATTE		84-14	46978	35 Page 5
Part XIII	Suppleme	ental In	formatior	l (conti	inued)										
WERE F	FILED.	MANA	GEMENT	OF	THE	COI	RPORA	TION	BELIE	VES	THAT	IT	DOES	NOT	HAVE
ANY UN	ICERTAIN	I TAX	POSIT	IONS	TH2	AT Z	ARE M	IATER:	IAL TO	TH	E FINZ	ANCI	IAL S	TATEN	IENTS.
									A						
									4						
								X							
						4									

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. 2012 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COALITION FOR THE UPPER SOUTH PLATTE

Employer identification number 84 - 1469785

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

COOPERATIVE EFFORTS OF STAKEHOLDERS WITH EMPHASIS ON COMMUNITY VALUES

AND ECONOMIC SUSTAINABILITY. THIS IS ACCOMPLISHED THROUGH PROJECTS AND

PROGRAMS FOCUSING ON RIVER RESTORATION, FOREST HEALTH, FIRE & HABITAT

REHABILITATION, INVASIVE SPECIES MANAGEMENT, WATER QUALITY STUDIES,

ENERGY PROGRAMS, ENVIRONMENTAL EDUCATION, RECREATIONAL TRAILS

MAINTENANCE AND CONSTRUCTION.

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

RESTORATION, NOXIOUS WEED MANAGEMENT, EROSION CONTROL, DEVELOPMENT AND

IMPLEMENTATION COMMUNITY WILDLIFE PROTECTION PLANS, ENERGY PROGRAMS,

ABANDONED MINE ASSESSMENT, WATER QUALITY STUDIES, AND RECREATION TRAIL

CONSTRUCTION AND MAINTENANCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ENVIRONMENTAL EDUCATION

EXPENSES \$ 12,157. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OIL & GAS STUDY

EXPENSES \$ 151,318. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAILS

EXPENSES \$ 30. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM OUTREACH

EXPENSES \$ 77,551. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization COALITION FOR THE UPPER SOUTH PLATTE	Employer identification number 84-1469785
NOXIOUS WEEDS	
	0
EXPENSES \$ 7,718. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
CARBON/ENERGY	
EXPENSES \$ 13,401. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FIREFIGHTING	
EXPENSES \$ 14,160. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
MINING ASSESS	
EXPENSES \$ 9,648. INCLUDING GRANTS OF \$ 0. REVENUE \$	0
EXPENSES \$ 5,040. INCLUDING GRANIS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ELEC	T THE EXECUTIVE
COMMITTEE (PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURE	R).
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF FORM 99	0 IS PROVIDED VIA
EMAIL TO ALL DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO S	UBMITTAL. THIS
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY AND AN	Y CHANGES IN
CIRCUMSTANCES ARE REVIEWED ON AN ONGOING BASIS. ALL STAF	
REQUIRED TO SIGN AN ACKNOWLEDGEMENT THAT THEY UNDERSTAND	AND COMPLY.
FORM 990, PART VI, SECTION B, LINE 15: AN RFP WAS DISTRIB	UTED PRIOR TO
SELECTING THE EXECUTIVE DIRECTOR. COMPENSATION RATES WER	E RESEARCHED AS
PART OF THIS PROCESS. THE CONTRACT PAY RATE HAS NOT CHAN	GED IN 10 YEARS.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization COALITION FOR THE UPPER SOUTH PLATTE	Employer identification number 84-1469785
OTHER OFFICERS AND KEY EMPLOYEES: THE EXECUTIVE DIRECTOR	R DOES A
COMPENSATION COMPARISON WHEN CREATING NEW POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 18: SELECTED DATA IS F	ILED ON THE
COLORADO SECRETARY OF STATE'S WEBSITE, AS WELL AS BEING A	VAILABLE ON
GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAI	LABLE ON THE
WEBSITE AND UPON REQUEST DURING NORMAL BUSINESS HOURS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT AND PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	2,115,924.
MANAGEMENT AND GENERAL EXPENSES	9,828.
FUNDRAISING EXPENSES	870.
TOTAL EXPENSES	2,126,622.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,126,622.
FORM 990, PARK XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	