COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation Legislative Hearing on **H.R. 445 (Dent),** the "*National Heritage Area Act of 2013*" July 29, 2014

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Allen Sachse, Chair
- Name of Organization(s) You are Representing at the Hearing: Alliance of National Heritage Areas – 501(c)6 – ANHA is membership organization to serve the National Heritage Areas.
- 3. Business Address:
- 4. Business Email Address:
- 5. Business Phone Number:

For all Witnesses

Name/Organization: Allen C. Sachse/Alliance of National Heritage Areas Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on H.R. 445 (Dent), the "National Heritage Area Act of 2013" July 29, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have been involved with the heritage preservation movement since the late 1980's. First, an employee of the Commonwealth of PA involved with designing and implementing a PA Heritage Areas program. I was President/Executive Director of the Delaware & Lehigh NHC from October 1999 till January 2012. I have been a part time advisor/consultant to the D&L since my retirement in 2012.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

I have no contracts with the Department of Interior. Prior to retirement, I was responsible for the management of the NPS Heritage Partnership grant the D&L would receive yearly.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. None

Witnesses Representing Organizations

Name/Organization: Allen C. Sachse/Alliance of National Heritage Areas Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 445 (Dent),** the *"National Heritage Area Act of 2013"* July 29, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Elected Chair of the Board of Directors for the Alliance of National Heritage Areas

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). none

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s). none

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. none

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

2010/2011/2012 forms will be included in submission.

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IRS USE ONLY



201336 069483 Department of the Treasury Internal Revenue Service Ogden UT 84201

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311778708 For assistance, call: 1-877-829-5500 FAX 801-620-5670

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Notice Number: CP211A Date: September 23, 2013

Taxpayer Identification Number: 31-1778708 Tax Form: 990 Tax Period: December 31, 2012

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ALLIANCE OF NATIONAL HERITAGE AREAS SIHC C/O RSHC 623 EAST 8TH AVENUE HOMESTEAD PA 15120

078005

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT **ORGANIZATION RETURN - APPROVED**

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

| | |] | Short Form |) | | - T | | OMB No. 1545-1150 |
|------------|----------|---------------------------------|--|------------|---|------------------|---------|--|
| _ | 0 | | Return of Organization Exemp Under section 501(c), 527, or 4947(a)(1) of th (except black lung benefit trust or pri organizations of dohor advised funds, organizations that operat organizations as defined in section 512(b)(13) must file Form 690. All other organi assets less than \$500,000 at the end of the ye The organization may have to use a copy of this return | OT FI | al Revenue Code | e lax | | 2012 |
| | | 90-EZ | (except black lung benefit trust or pri Sponsoring organizations of donor advised funds, organizations that operate | vate fou | ndation) ore hospital facilities, and | certain control | ling | LUIL |
| | | of the Treasury enue Service | organizations as defined in section 512(b)(13) must file Form 990. All other organi assets less than \$500,000 at the end of the ye | zations wi | th gross receipts less than e this form. | \$200,000 and | total | Open to Public |
| | | | Ine organization may have to use a copy of this return ndar year, or tax year beginning | to saus | and ending | quirements | • | Contract in the priority of the second secon |
| B (| Check i | f LON | lame of organization | | | D Employe | er ide | ntification number |
| , r | applicat | ress change | | | | | | |
| - | | - 1 | LLIANCE OF NATIONAL HERITAGE AR | EAS | | 31- | 17 | 78708 |
| Ē | -1 | | nber and street (or P.O. box, if mail is not delivered to street address) | | Room/suite | 1 | | |
| F | ٦ | | 701 PENNSYLVANIA AVENUE, N.W. | | 300 | 412 | -40 | 54-4417 |
| | <u> </u> | | v or town, state or country, and ZIP + 4 | | •••• | F Group E | xemp | tion |
| Ē | - | | ASHINGTON, DC 20006 | | | Number | | |
| G | Accou | nting Method: | Cash X Accrual Other (specify) | | | H Check | | K if the organization is not |
| 1.1 | Nebsi | te: 🕨 WWW | .NATIONALHERITAGEAREAS.COM | | | required | i to at | tach Schedule B |
| <u>J</u> . | (ax-e> | cempt status (C | heck only one) — 🛄 501(c)(3) 🔀 501(c) (6) ◀(insert no.) | 4 | 947(a)(1) or 527 | 7 (Form 9 | 90, 9 | 90-EZ, or 990-PF). |
| | | | organization is not a section 509(a)(3) supporting organization or a se | | | | | |
| | \$50,00 | 0. A Form 990- | EZ or Form 990 return is not required though Form 990-N (e-postcard) |) may be | required (see instruct | ions). But if f | the or | ganization chooses to file |
| | | • | e a complete return. | | | | | |
| | | | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 | or more | e, or if total assets (Pa | | | 100 115 |
| | | _ | | | | | | 102,445. |
| 1 | art I. | | e, Expenses, and Changes in Net Assets or Fun | | • | | | |
| | | | organization used Schedule O to respond to any question in this Part I | | | | | X |
| | 1 | | , gifts, grants, and similar amounts received | | | | | |
| | 2 | | ice revenue including government fees and contracts | | | | | 100,750. |
| | 4 | | come | | | | | 100,750. |
| | - 5a | | t from sale of assets other than inventory | | | 335 | | |
| | h h | | other basis and sales expenses | | | | | |
| | c | | from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | |
| | 6 | | undraising events | | | deid USS F | | <u> </u> |
| ¢ | a | - | from gaming (attach Schedule G if greater than | | | 30 ig 115 | | |
| ทนล | | \$15,000) | | 6a | | 1. A.L. | | |
| Revenue | b | | from fundraising events (not including \$ | _ of co | ntributions | 115 | | |
| ш. | | from fundraisi | ing events reported on line 1) (attach Schedule G if the sum of such | | ŀ | | | |
| | | • | and contributions exceeds \$15,000) | | | 1990) | | |
| | C | | penses from gaming and fundraising events | 6c | | | 12 | |
| | _d | | (loss) from gaming and fundraising events (add lines 6a and 6b and s | | 1 | 60 | | |
| | 7a | Gross sales of | f inventory, less returns and allowances | 7a | | | | |
| | b | Less; cost of g | poods sold r (loss) from sales of inventory (Subtract line 7b from line 7a) | /0 | | | | |
| | с 8 | Other revenue | (describe in Schedule O) | | | 70 | | 1,695. |
| | 9 | | Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | 102,445. |
| | 10 | | nilar amounts paid (list in Schedule O) | | | | | |
| | 11 | Benefits paid t | to or for members | ••••• | ••••••••••••• | 11 | | |
| ŝ | 12 | Salaries, other | compensation, and employee benefits | ••••• | | 12 | | |
| nse | 13 | Professional fe | ees and other payments to independent contractors | | | 13 | 3 | 58,830. |
| Expenses | 14 | Occupancy, re | nt, utilities, and maintenance | | | 14 | I . | • |
| Ш | 15 | Printing, publi | cations, postage, and shipping | | | 15 | ; | 4,831. |
| | 16 | Other expense | es (describe in Schedule O) | EE S | CHEDULE O | | ; | 23,162. |
| | 17 | Total expense | es. Add lines 10 through 16 | <u></u> | | . 🕨 17 | / | 86,823. |
| ŝ | 18 | | ficit) for the year (Subtract line 17 from line 9) | | | 18 | | 15,622. |
| Net Assets | 19 | | fund balances at beginning of year (from line 27, column (A)) | | | Rije di Nadre | | |
| t Ac | | | ith end-of-year figure reported on prior year's return) | | | | | 126,074. |
| Ne | 20 | | s in net assets or fund balances (explain in Schedule 0) | | | | | 0. |
| | 21 | | fund balances at end of year. Combine lines 18 through 20 | <u></u> | | 🕨 21 | | <u>141,696.</u> |
| LHA | For | Paperwork Re | duction Act Notice, see the separate instructions. | | | | | Form 990-EZ (2012) |

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| (A) Beginning of year (B) End of year 22 Cash, savings, and investments 1.25, 1.24, 22 1.41, 7 23 Land and buildings 23 24 Other assets (describe in Schedule 0) SEE SCHEDULE 0 1,000, 24 25 Total assets 1.26, 1.24, 25 1.41, 7 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE 0 50, 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 1.26, 0.74, 27 1.41, 6 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 1.26, 0.74, 27 1.41, 6 28 Check if the organization used Schedule 0 to respond to any question in this Part III. Statement of program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise (Grants \$) If this amount includes foreign grants, check here 28a 21, 5 | (A) Beginning of year (B) End of year 125,124.22 141,746. 23 23 1,000.24 0. 126,124.25 141,746. 50.26 50. 126,074.27 141,696. ts (see the instructions for Part III) Expenses pond to any question in this Part III X (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others. |
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| 31 Other program services (describe in Schedule O) | ants, check here |
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| 32 Total program service expenses (add lines 28a through 31a) ► 32 21, 5 | ants, check here |
| Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV) | ants, check here 30a ants, check here 31a 31a 32 21,500. nployees List each one even if not compensated, (see the instructions for Part IV) |
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| Forn | n 990-EZ (2012) ALLIANCE OF NATIONAL HERITAGE AREAS 31-1778 | | | Page 3 |
|-------|--|-------------------|-----------------|----------------|
| Pa | Other Information (Note the Schedule A and personal benefit contract statement requirement | | | |
| | instructions for Part V) Check if the organization used Sch. O to respond to any question in thi | s Par | tV | X |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | <u> </u> |
| | | 33 | | x |
| 34 | activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | |
| 54 | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | x |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | 04 | | <u> </u> |
| 30 a | | 0.0 | | |
| | on lines 2, 6a, and 7a, among others)? | 35a | 37. | X |
| | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 | <u>35b</u> | N/ | <u>A</u> |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | | |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' | | | i |
| | complete applicable parts of Schedule N | 36 | erkasinteri (| X |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | 1 | 1840 A | 98 G - S |
| | Did the organization file Form 1120-POL for this year? | <u>37b</u> | and the second | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | ·注意22 | |
| 39 | Section 501(c)(7) organizations. Enter: | 的建造 | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | and the second |
| | Gross receipts, included on line 9, for public use of club facilities | 「「「「「「「」」 | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | ·公司》至 | | 网络马 |
| | year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 405 | N/ | A |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | | 融制 | |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | 南城东 | | 圣 诺和 |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | 1-212 | | |
| | organization N/A | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | Contract PERCE | | |
| - | transaction? If "Yes," complete Form 8886-T | 40e | -1-87628- | X |
| 41 | List the states with which a copy of this return is filed NONE | | | |
| | The organization's books are in care of ► DOUGLAS HARTMAN Telephone no. ► 412-46 | 4-4 | 417 | ī |
| | Located at > THE BOST BLDG., 623 EAST 8TH AVE, HOMESTEAD, PA ZIP+4 > 1 | | | |
| b | 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 | | Yes | No |
| | account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country: | 384 V | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | 19.32 E | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | i dagi trikëri. | X |
| | If Was " aster the name of the fernion equation is | | L | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | |
| 10 | | N/A | | |
| | | M/ D | | |
| | | | Vee | No |
| 44.2 | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | - 36.4 | diava | |
| 774 | | 2.4.5 A A A | Hird-A | v |
| ь. | Form 990-EZ | 44a | and the | X. |
| U | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | | | |
| _ | of Form 990-EZ | 44b | | X |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | <u> 1944</u> | X |
| Ø | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | i di anti- | | 1 |
| 4.8 - | in Schedule O | 44d | | + |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | ್ಯಾಗ್ -ನಿರ್ಣೆಯ | X |
| 450 | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | | 陸委員 | |
| | 512(b)(13)? If Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | 1 | IX I |

| Form 990-EZ (2012) |
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| Form 990-EZ (| 2012) ALLIANCE OF NATIONAL HERITAGE AREAS | 31-17787 | |
|--|--|---|--|
| If "Yes," c | rganization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for omplete Schedule C, Part 1 | | Yes No 46 X |
| Part VI | Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for li Check if the organization used Schedule O to respond to any question in this Part VI | nes 50 and 51 | |
| 48 Is the org 49a Did the org b If "Yes," v 50 Complete | rganization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," compl anization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E rganization make any transfers to an exempt non-charitable related organization? vas the related organization a section 527 organization? this table for the organization's five highest compensated employees (other than officers, directors, trustees and key | ······ | Yes No 47 |
| than \$10 | 0,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and title of each employee paid more than \$100,000 (b) Average hours per week devoted to position (c) Reportable compensation (Form W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| | | | |
| | | | |
| 51 Complete organizat | this table for the organization's five highest compensated independent contractors who each received more than \$10 to 1 f there is none, enter "None." N/A | | |
| | Address of each independent contractor paid more than \$100,000 (b) Type of service | | ompensation |
| | | | |
| | | | |
| 52 Did the or | ber of other independent contractors each receiving over \$100,000 | Ind belief, it is true, corre | Yes No |
| Sign Here | Signature of officer <u>MARILYN BLACK, SECRETARY</u> Mailyn Black Type or print name and title | Date | 5/13 |
| Paid Preparer Use Only | Print/Type preparer's name Preparer's signature Date Check [ELIZABETH E. KRISHER Image: Self-emp Image: Self-emp Image: Self-emp Firm's name ► MAHER DUESSEL, CPA'S Firm's E Firm's E Firm's address ► 503 MARTINDALE STREET, SUTTE 600 Phone r | P012 | 275616 2758 1-5500 |
| May the IRS dis | PITTSBURGH, PA 15212 cuss this return with the preparer shown above? See instructions | 🕨 🕱 | Yes No |

Form 990-EZ (2012)

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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. | | OMB No. 1545-0047 2012 Open to Public Inspection |
|--|--|-----------------|---|
| Name of the organization | ALLIANCE OF NATIONAL HERITAGE AREAS | | r identification number |
| FORM 990-EZ, | PART I, LINE 8, OTHER REVENUE: | | |
| DESCRIPTION C | F OTHER REVENUE: | | AMOUNT : |
| MISCELLANEOUS | | | 1,695. |
| | • | c | |
| FORM 990-EZ, | PART I, LINE 16, OTHER EXPENSES: | | |
| DESCRIPTION C | F OTHER EXPENSES: | | AMOUNT : |
| CONFERENCES, | CONVENTIONS, AND MEETINGS | | 18,240. |
| BANK/CREDIT C | ARD FEES | | 870. |
| INSURANCE | | | 994. |
| MISCELLANEOUS | | | 260. |
| PROMOTION AND | MARKETING | | 2,798. |
| TOTAL TO FORM | 990-EZ, LINE 16 | | 23,162. |
| FORM 990-EZ, | PART II, LINE 24, OTHER ASSETS: | | ······ |
| DESCRIPTION | BEG. OF | F YEAR | END OF YEAR |
| ACCOUNTS RECE | IVABLE 1 | 1,000. | 0. |
| FORM 990-EZ, | PART II, LINE 26, OTHER LIABILITIES: | | |
| DESCRIPTION | BEG. OF | <u> YEAR</u> | END OF YEAR |
| ACCOUNTS PAYA | BLE AND ACCRUED EXPENSES | 50. | <u> </u> |
| FORM 990-EZ, | PART III, PRIMARY EXEMPT PURPOSE - THE PURP | POSE IS | то |
| ADVOCATE, FAC | ILITATE, AND CELEBRATE INITIATIVES WHICH EN | <u>NHANCE /</u> | THE |
| QUALITY OF LI | FE FOR CITIZENS AND THEIR COMMUNITIES; ATTH | RACT VI | SITORS TO |
| THOSE COMMUNI | TIES; AND PROVIDE EXAMPLES OF SUSTAINABLE I | DESTINA | TION |
| | OR THE UNITED STATES. Iuction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch | hedule O (For | rm 990 or 990-EZ) (2012) |

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SCHEDULE O (Form 990 or 990-EZ)

(1 0111 000 01 000 ==)

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.



ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number 31-1778708

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ALLIANCE HELPED TO ESTABLISH AND PROMOTE THE IDENTITY

OF ITS MEMBERS DURING THE YEAR BY CREATING AND ENHANCING

STRATEGIC LINKS AMONG THE NATIONAL HERITAGE AREAS,

EDUCATING CONSTITUENCIES ABOUT THE SUCCESSES AND OPPORTUNITIES

ASSOCIATED WITH NATIONAL HERITAGE AREAS AND CREATING A NATIONAL

PLATFORM FOR NATIONAL HERITAGE AREAS UPON WHICH BOTH COLLECTIVE AND

INDIVIDUAL ISSUES ARE ARTICULATED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Page 2 Schedule O (Form 990 or 990-EZ) Name of the organization **Employer identification number** ALLIANCE OF NATIONAL HERITAGE AREAS 31-1778708 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated (b) Average hours (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) per week devoted to amount of other (a) Name and title position compensation SCOTT_WYATT 0. 0. 0. 3.00 DIRECTOR NANCY DARGA (TERM STARTED 2/5/2013) DIRECTOR 0 0. Ο. 3.00 CHRISTY BAILEY 0 0. DIRECTOR 3.00 0. DAN RICE 0. DIRECTOR 3.00 0. 0. AUGIE CARLINO DIRECTOR 3.00 0. 0. 0. KURT ZWIKL 0. 3.00 0. 0. DIRECTOR Т

201237 067483

Department of the Treasury

Internal Revenue Service Ogden UT 84201 15120

IRS USE ONLY

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Notice Number: CP211A Date: September 24, 2012

Taxpayer Identification Number: 31-1778708 Tax Form: 990 Tax Period: December 31, 2011

097799.110475.0360.009 1 SP 0.450 373

ALLIANCE OF NATIONAL HERITAGE AREAS % SIHC C/O RSHC 623 EAST 8TH AVENUE HOMESTEAD PA 15120

097799

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2012.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <u>www.irs.gov/eo</u>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

| | | | Shor | t Form | | | OM8 No. 1545-1150 |
|------------|--------------|------------------------------------|--|---|--------------------------|--------------------|------------------------------|
| Forn | n 9 | 90-EZ | Return of Organization Under section 501(c), 527, or 494 (except black lung benefit organizations as defined in section 512(b)(13) must file Form 990. A The organization may have to use a copy of assets lass than \$500,000 at this The organization may have to use a copy of andar year, or tay year boginging | Exempt From Inco | me | Тах | 2011 |
| | | nt of the Treasury | Sponsoring organizations of donor advised funds, organizatio organizations as defined in section 512(b)(13) must file Form 990. A | All other organizations with gross receipts les | s, and cer s than \$2 | rtain controlling | |
| | | evenue Service | ■ The organization may have to use a copy of | e end of the year may use this form. This return to satisfy state reportin | a reau | irements. | Open to Public Inspection |
| i F | For | the 2011 cale | choor year, or tax year beginning | and ending | | | |
| | pplic | able: C | Name of organization | | C |) Employer ider | tification number |
| 느 | Ad | dress change | | | | | |
| 느 | JNa | me change | ALLIANCE OF NATIONAL HERITA | GE AREAS | | 31-177 | 8708 |
| _ | | | umber and street (or P.O. box, if mail is not delivered to stree | | suite E | Telephone nu | |
| <u> </u> | JTer | | C/O RSHC 623 EAST 8TH AVEN | UE | | 412-46 | 4-4417 |
| <u> </u> | 7 | | ty or town, state or country, and ZIP + 4 | | ۱۴ | Group Exempt | lion |
| | | | HOMESTEAD, PA 15120 | | | Number 🕨 | |
| | | unting Method: | | | I | H Check 🕨 🛛 | If the organization is n |
| | | | V.NATIONALHERITAGEAREAS.COM | | | • | ach Schedule B |
| | | | $\frac{1}{10000000000000000000000000000000000$ | (insert no.) 4947(a)(1) or | 527 | _ (Form 990, 99 | 0-EZ, or 990-PF). |
| ւ է։ ծ. | RECH FO O | | e organization is not a section 509(a)(3) supporting organiza | ation or a section 527 organization an | d its gro | oss receipts are | normally not more than |
| ф: - | 90,0 t. | UU. A FORM 990 | D-EZ or Form 990 return is not required though Form 990-N | (e-postcard) may be required (see insi | truction | s). But if the org | panization chooses to file |
| | | | ile a complete return. | • | | | |
| Al B. | 00 N | nes 50, 60, and El column (D) h | 7b, to line 9 to determine gross receipts. If gross receipts ar | re \$200,000 or more, or if total assets | (Part II | | |
| 111 66 | nt J | Bevenu | elow) are \$500,000 or more, file Form 990 instead of Form 9 ie, Expenses, and Changes in Net Asset: | 990-EZ | | 🕨 💲 | 108,160 |
| | inter in | Chock if the | ac, Expenses, and Changes III Net Asset | s or Fund Balances (see the | instruc | tions for Part I.) | |
| 7 | 1 | Contributions | e organization used Schedule O to respond to any question i | n this Part I | | ····· | X |
| | 2 | Brogram can | s, gifts, grants, and similar amounts received | | ••••• | 1 | |
| 1 | 2 | Membershin | vice revenue including government fees and contracts | | | 2 | 100 500 |
| | 4 | Investment in | dues and assessments | | ••••• | | 106,500 |
| | | Groce amoun | icome | | ••••• | 4 | |
| | Ja | | It from sale of assets other than inventory | | | | |
| | | | other basis and sales expenses | | | | |
| | с 6 | |) from sale of assets other than inventory (Subtract line 5b fr | om line 5a) | | <u>5</u> c | |
| | - | | undraising events | | | | |
| | 3 | | e from gaming (attach Schedule G if greater than | | | | |
| | b | Gross income | a from fundraising events (not including \$ | | | | |
| | u | | ing events reported on line 1) (attach Schedule G if the sum | of contributions | | | |
| | | aross income | and contributions exceeds \$15,000 | | | | |
| | r | Less: direct ev | xpenses from gaming and fundraising events | | | | |
| | h | Net income or | r (loss) from earning and fundraising events | | | | |
| | " 7a | Gross sales of | r (loss) from gaming and fundraising events (add lines 6a an f inventory, less returns and allowances | | | 6d | |
| | b | | goods sold | | | | |
| | C | Gross profit or | r (loss) from sales of inventory (Subtract line 7b from line 7a | | · · | | |
| | 8 | Other revenue | (describe in Schedule O) | ۵) SFF CCUEDIII D | ~ | ···· 70 | 1 600 |
| | 9 | Total revenue | 2. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | DEE DUIEDUIE | <u>v</u> | 8 | 1,660 |
| -1- | | Grants and sin | milar amounts paid (list in Schedule O) | | ····· | ▶ <u>9</u> | 108,160 |
| | 1 | Benefits naid t | nilar amounts paid (list in Schedule O) | | ••••••• | 10 | |
| | 2 | Salaries other | to or for members | ····· | | 11 | |
| | 3 | Professional fe | r compensation, and employee benefits | | ••••• | 12 | 46 000 |
| 1 | 4 | Occupancy re | ees and other payments to independent contractors | | •••••• | 13 | 46,838 |
| | 5 | Printing public | nt, utilities, and maintenance | | ••••• | 14 | |
| | 6 | Other expense | cations, postage, and shipping Is (describe in Schedule O) | SEE SCHEDULE | ····· | | 2,831 |
| | 7 | | is. Add lines 10 through 16 | SEE SCHEDULE | <u>v</u> | 16 | 19,497 |
| - | 8 | Excess or (def | firit) for the year (Subtract line 17 from line D) | | <u></u> | ► 17 | 69,166 |
| | 9 | Net assets or f | ficit) for the year (Subtract line 17 from line 9) fund balances at beginning of year (from line 27, column (A) | | | 18 | 38,994 |
| | - | (must anree wi | ith end-of-year figure reported on prior year's return) | 11 | | | 07 000 |
| | | Other chances | in net assets or fund balances (oxplain in Schedule O) | | | <u>19</u> 20 | 87,080 |
| 2 | n I | | | | | 1 30 1 | 0. |
| ? | 0 1 | Net assets or f | und balances at end of year, Combine lines 18 through 20 | | •••••• | ▶ 21 | 126,074. |

| Form 8868 (Rev. 1-2012) | | | | | | Page 2 |
|---|----------------------|--|-------------|------------|------------------|----------|
| • If you are filing for an Additional (Not Automatic) 3-Month E | Extension, | complete only Part II and check this | s box | | | X |
| Note. Only complete Part II if you have already been granted ar | n automatic | 3-month extension on a previously fi | ied Forn | 8868. | | |
| If you are filing for an Automatic 3-Month Extension, comp | | | | | | |
| Part II Additional (Not Automatic) 3-Month | Extensio | n of Time. Only file the origin | nal (no | copies I | needed). | |
| | | Enter filer's | identify | ina numb | er. see instr | uctions |
| Type or Name of exempt organization or other filer, see inst | ructions | | | | ation number | |
| print | | | | | | (, |
| File by the HERITAGE DEVELOPMENT PARTNI | ERSHIP | , INC. | X | 20- | 2807552 | 2 |
| due date for Number, street, and room or suite no. If a P.O. box, | see instruc | tions. | Social s | | Imber (SSN) | |
| return. See C/O RSHC 623 EAST 8TH AVEN | NUE | | | - | | |
| instructions. City, town or post office, state, and ZIP code. For a | foreign add | dress, see instructions. | | | | |
| HOMESTEAD, PA 15120 | | | | | | |
| | | | | | | <u> </u> |
| Enter the Return code for the return that this application is for (f | ile a separa | te application for each return) | | | | 01 |
| | | | | | | |
| Application | Return | Application | | | ĭ | Return |
| ls For | Code | Is For | | | | Code |
| Form 990 | 01 | | | | | |
| Form 990-BL | 02 | Form 1041-A | | | | 08 |
| Form 990-EZ | 01 | Form 4720 | | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | | 12 |
| STOP! Do not complete Part II if you were not already grante | ed an autor | natic 3-month extension on a prev | iously fi | ed Form | 8868. | |
| DOUGLAS HARTMA | | | | | | |
| The books are in the care of ► THE BOST BLDG. | , 623 | EAST 8TH AVE - HO | MEST | EAD, | PA 1512 | 20 |
| Telephone No.► 412-464-4417 | | FAX No. 🕨 | | | _ | |
| If the organization does not have an office or place of busine | ss in the Ur | nited States, check this box | | | > | |
| If this is for a Group Return, enter the organization's four digit | t Group Exe | emption Number (GEN) i | f this is f | or the wh | ole group, ch | eck this |
| box 🕨 🛄 . If it is for part of the group, check this box 🕨 🔔 | and atta | ich a list with the names and EINs of | all mem | bers the e | extension is f | or. |
| | NOVEM | <u>BER 15, 2012</u> . | | | | |
| 5 For calendar year 2011 , or other tax year beginning _ | | , and ending | g | | | |
| 6 If the tax year entered in line 5 is for less than 12 months, | check reas | on: Initial return | Fina | return | | _ |
| Change in accounting period | | | | | | |
| 7 State in detail why you need the extension | | | | | | |
| ADDITIONAL TIME IS NEEDED TO | FINAL | IZE THE AUDITED FI | NANC | IAL S | <u>TATEMEI</u> | NTS |
| TO BE REFLECTED IN THE RETURN | I AND ' | TO ALLOW FOR BOARD | REV | IEW O | F THE 1 | FORM |
| 990 PRIOR TO FILING. | | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 | , or 6069 , e | nter the tentative tax, less any | | | | |
| nonrefundable credits. See instructions. | | | 8a | \$ | | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069 | | | ł | 1 | | |
| tax payments made. Include any prior year overpayment a | allowed as a | a credit and any amount paid | | | | |
| previously with Form 8868. | | · · · · · · · · · · · · · · · · · · · | 8b | \$ | ···· | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your p | | h this form, if required, by using | | | | |
| EFTPS (Electronic Federal Tax Payment System). See inst | | | 80 | \$ | | 0. |
| | | st be completed for Part II o | | | | |
| Under penalties of perjury, I declare that I have examined this form, inclu it is true, correct, and complete and that I am authorized to prepare this | ding accomp | panying schedules and statements, and to |) the best | of my kno | wledge and bel | lief, |
| $\exists (0, \zeta)$ | | | | (| 3.1 3 .16 | ` |
| Signature > Hourd F. Hulssel Title > | CPA | | Da | e 🕨 🤇 | 2.12.10 | × |

Form 8868 (Rev. 1-2012)

| 23 Land and buildings 23 24 Other assets (describe in Schedule 0) SEE_SCHEDULE 0 0.24 1, 25 Total assets 87,700.25 126, 26 Total iabilities (describe in Schedule 0) SEE_SCHEDULE 0 620.25 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, Partill Statement of Program Service Accomplishments (see the instructions for Part III.) Check if the organization used Schedule 0 to respond to any question in this Set What is the organization's primary exempt purpose?SEE_SCHEDULE 0 Opearture of persons benefited, and other relevant information for each program title. 28 (Grants \$ If this amount includes foreign grants, check here 29 (Grants \$ 30 (Grants \$ If this amount includes foreign grants, check here 29a (Grants \$ 30 (Grants \$ If this amount includes foreign grants, check here <td< th=""><th>$\frac{1,000}{6,124}$ $\frac{1,000}{6,124}$ $\frac{50}{6,074}$ ses section 501(c)(4) and section</th></td<> | $\frac{1,000}{6,124}$ $\frac{1,000}{6,124}$ $\frac{50}{6,074}$ ses section 501(c)(4) and section |
|--|--|
| 22 Cash, savings, and investments (B) Beginning of year (B) End of year 23 Land and buildings 23 24 Other assets (describe in Schedule 0) SEE SCHEDULE 0 0.24 1.25 25 Total assets 87,700.25 126, 26 Total assets 87,700.25 126, 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, 28 Check if the organization used Schedule O to respond to any question in this Exercises Gravitation's primary exempt purpose? SEE SCHEDULE O 0 Describe the cognization's primary exempt second second list three largest program services, as measured by expenses. In a clear and concise 4947(a)(1) trusts; for others.) 28 SEE SCHEDULE O 28a 29 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 29a | $\frac{1,000}{6,124}$ $\frac{1,000}{6,124}$ $\frac{50}{6,074}$ ses section 501(c)(4) and section |
| 22 Cash, savings, and investments (B) Beginning of year (B) End of year 23 Land and buildings 23 24 Other assets (describe in Schedule 0) SEE SCHEDULE 0 0.24 1.25 25 Total assets 87,700.25 126, 26 Total assets 87,700.25 126, 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, 28 Check if the organization used Schedule O to respond to any question in this Exercises Gravitation's primary exempt purpose? SEE SCHEDULE O 0 Describe the cognization's primary exempt second second list three largest program services, as measured by expenses. In a clear and concise 4947(a)(1) trusts; for others.) 28 SEE SCHEDULE O 28a 29 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 29a | $\frac{1,000}{6,124}$ $\frac{1,000}{6,124}$ $\frac{50}{6,074}$ ses section 501(c)(4) and section |
| 23 Land and buildings 23 24 Other assets (describe in Schedule 0) SEE_SCHEDULE 0 0.24 1, 25 Total assets 87,700.25 126, 26 Total liabilities (describe in Schedule 0) SEE_SCHEDULE 0 620.26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, Check if the organization used Schechule 0 to respond to any question in this Set Met asset or fund balances (line 27 of column (B) must agree with line 21) 620.27 126, Check if the organization used Schechule 0 to respond to any question in this Set 501(cl(3) and 501 Other station's primary exempt purpose?SEE_SCHEDULE 0 Other station's primary exempt purpose?SEE_SCHEDULE 0 (Grants \$) If this amount includes foreign grants, check here 28a 29a (Grants \$) If this amount includes foreign grants, check here 29a (Grants \$) If this amount includes foreign grants, check here 29a <td>1,000. 6,124. 50. 6,074. ses section 501(c)(4) and section</td> | 1,000. 6,124. 50. 6,074. ses section 501(c)(4) and section |
| 24 Other assets (describe in Schedule 0) SEE SCHEDULE 0 0.24 1, 25 Total assets 87,700.25 126, 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE 0 620.25 126, 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, 27 Net asset or fund balances (line 27 of column (B) must agree with line 21) 87,080.27 126, Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses Check if the organization used Schedule O to respond to any question in this Bar Stip(c)(3) and 50 Obscribe the organization's primary exempt purpose? SEE SCHEDULE O 0 0 Describe the services provided, the number of persons benefited, and other relevant information for each program tite. 10 1947(a)(1) trusts; 28 SEE SCHEDULE O 28a 28a 29 28a 29a 28a 29a 30a 30 | 6, 124. 50. 6, 074. ses section 501(c)(4) and section |
| 25 Total assets 87,700,25 126, 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE 0 620,25 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080,27 126, 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 87,080,27 126, Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses Check if the organization used Schedule 0 to respond to any question in this Ear 900 (c)(3) and 500 organization's primary exempt purpose? SEE SCHEDULE 0 000 organizations and 4947(a)(1) trusts; for others.) 28 SEE SCHEDULE 0 28a 29 | 6, 124. 50. 6, 074. ses section 501(c)(4) and section |
| 27 Net assets or fund balances (line 27 of column (6) must agree with line 21) 87,080.27 126, Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses Check if the organization used Schedule O to respond to any question in this Part 601(c)(3) and 501 What is the organization's primary exempt purpose?SEE SCHEDULE O organizations and 4947(a)(1) trusts; for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 28 SEE SCHEDULE O 28a (Grants \$) If this amount includes foreign grants, check here 28a 30 | $\frac{50}{6,074}$ ses section 501(c)(4) and section |
| 27 Net assets or fund balances (line 27 of column (6) must agree with line 21) 87,080.27 126, Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses Check if the organization used Schedule O to respond to any question in this Part 601(c)(3) and 501 What is the organization's primary exempt purpose?SEE SCHEDULE O organizations and 4947(a)(1) trusts; for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 28 SEE SCHEDULE O 28a (Grants \$) If this amount includes foreign grants, check here 28a 30 | 6,074. ses section 501(c)(4) and section |
| 27 Net assets or fund balances (line 27 of column (6) must agree with line 21) 87,080.27 126, Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses Check if the organization used Schedule O to respond to any question in this Part 601(c)(3) and 501 What is the organization's primary exempt purpose?SEE SCHEDULE O organizations and 4947(a)(1) trusts; for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 28 SEE SCHEDULE O 28a (Grants \$) If this amount includes foreign grants, check here 28a 30 | ses section 501(c)(4) and section |
| Partill Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses Check if the organization used Schedule O to respond to any question in this Part Statement of Program Service Schedule O to respond to any question in this Part What is the organization's primary exempt purpose? SEE SCHEDULE O Statement of program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise Statement of persons benefited, and other relevant information for each program title. 28 SEE SCHEDULE O If this amount includes foreign grants, check here 28a 29 | ses section 501(c)(4) and section |
| Check if the organization used Schedule O to respond to any question in this bat frequired for sect What is the organization's primary exempt purpose? SEE SCHEDULE O 0 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 4947(a)(1) trusts; for others.) 28 SEE SCHEDULE O 28a (Grants \$) If this amount includes foreign grants, check here 28a 29 | section 501(c)(4) and section |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise display of (a)(1) trusts; for others.) Organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise display of (a)(1) trusts; for others.) 28 SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here 28a 29 | and section |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others.) 4947(a)(1) trusts; for others.) 28 SEE SCHEDULE 0 | |
| Image: describe the services provided, the number of persons benefited, and other relevant information for each program title. 101 Others.) 28 SEE SCHEDULE 28a (Grants \$) If this amount includes foreign grants, check here 28a (Grants \$) If this amount includes foreign grants, check here 29a (Grants \$) If this amount includes foreign grants, check here 29a (Grants \$) If this amount includes foreign grants, check here 29a 30 | |
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| (Grants \$) If this amount includes foreign grants, check here 30a | |
| (Grants \$) If this amount includes foreign grants, check here 30a | |
| (Grants \$) If this amount includes foreign grants, check here 30a | |
| Ja the amount modeles foreign grants, there | |
| 31 Other program services (describe in Schedule O) | |
| | |
| (Grants \$) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) 32 | <u> </u> |
| Part M List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) | |
| Check if the organization used Schedule O to respond to any question in this Part IV. | |
| | |
| (a) Name and address Der week devoted to compensation (Forms contributions to amount | e) Estimated ount of other |
| DOSITION (For trait and the for the for the for the for the former of th | mpensation |
| MICHELLE MCCOLLUM, 623 EAST 8TH PRESIDENT | |
| AVENUE HONEGERAR DA 15100 | 0 |
| AVENUE, HOMESTEAD, PA 151207.000.C. ALLEN SACHSE, 623 EAST 8THVICE PRESIDENT | 0. |
| | ~ |
| AVENUE, HOMESTEAD, PA 151204.000.ANNIE HARRIS, 623 EAST 8TH AVENUE, TREASURER | 0. |
| | ~ |
| HOMESTEAD, PA 15120 3.00 0. 0. MARILYN BLACK, 623 EAST 8TH AVENUE, SECRETARY | 0. |
| | |
| HOMESTEAD, PA 15120 DAYTON SHERROUSE, 623 EAST 8TH DIRECTOR 0. 0. | |
| | 0. |
| | 0. |
| | |
| HOMESTEAD, PA 15120 3.00 0. 0. | 0. |
| | 0. |
| NATALIE SOLFANELLI GELB, 623 EAST DIRECTOR | 0. 0. 0. |
| 8TH AVENUE, HOMESTEAD, PA 15120 3.00 0. 0. | 0. |
| 8TH AVENUE, HOMESTEAD, PA 151203.000.0.CHRISTIE BAILEY, 623 EAST 8THDIRECTOR | 0. 0. 0. |
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| 8TH AVENUE, HOMESTEAD, PA 151203.000.0.CHRISTIE BAILEY, 623 EAST 8THDIRECTORAVENUE, HOMESTEAD, PA 151203.000.0.DAN RICE, 623 EAST 8TH AVENUE,DIRECTORHOMESTEAD, PA 151203.000.0.KURT ZWIKL, 623 EAST 8TH AVENUE,DIRECTOR0.0.HOMESTEAD, PA 151203.000.0.HOMESTEAD, PA 151203.000.0.HOMESTEAD, PA 151203.000.0.HOMESTEAD, PA 151203.000.0. | 0. 0. 0. 0. |
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| 8TH AVENUE, HOMESTEAD, PA 151203.000.0.CHRISTIE BAILEY, 623 EAST 8THDIRECTORAVENUE, HOMESTEAD, PA 151203.000.0.DAN RICE, 623 EAST 8TH AVENUE,DIRECTORHOMESTEAD, PA 151203.000.0.KURT ZWIKL, 623 EAST 8TH AVENUE,DIRECTORHOMESTEAD, PA 151203.000.0.KURT ZWIKL, 623 EAST 8TH AVENUE,DIRECTORHOMESTEAD, PA 151203.000.0.HYDIE FRIEND (THRU 1/31/11), 623DIRECTOR0.0.EAST 8TH AVENUE, HOMESTEAD, PA 151203.000.0.DEBRA CREDEUR, 623 EAST 8TH AVENUE,DIRECTOR0.0. | 0. 0. 0. 0. 0. 0. |
| 8TH AVENUE, HOMESTEAD, PA 151203.000.0.CHRISTIE BAILEY, 623 EAST 8THDIRECTORAVENUE, HOMESTEAD, PA 151203.000.0.DAN RICE, 623 EAST 8TH AVENUE,DIRECTORHOMESTEAD, PA 151203.000.0.KURT ZWIKL, 623 EAST 8TH AVENUE,DIRECTORHOMESTEAD, PA 151203.000.0.KURT ZWIKL, 623 EAST 8TH AVENUE,DIRECTOR0.0.HOMESTEAD, PA 151203.000.0.HYDIE FRIEND (THRU 1/31/11), 623DIRECTOR0.0.EAST 8TH AVENUE, HOMESTEAD, PA 151203.000.0. | 0. 0. 0. 0. 0. 0. 0. |

Form 990-EZ (2011) ALLIANCE OF NATIONAL HERITAGE AREAS 31-1778708 Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the contract statement stat

v

| - | instructions for Part V.) Check if the organization used Sch. O to respond to any quest | ion i | n thi | s Rar |
|--------------|---|--------------------|--|----------|
| | · · · · · · · · · · · · · · · · · · · | | | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | | | |
| | on lines 2, 6a, and 7a, among others)? | 35a | | X |
| t | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/ | |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | | |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | x |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | |
| | complete applicable parts of Schedule N | 36 | | x |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | ALC: NOT THE OWNER | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 | | | |
| þ | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | | |
| | year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 405 | N/ | A |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | 400 | 147 | |
| _ | or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | | |
| | organization N/A | | | |
| 6 | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| - | transaction? If "Yes," complete Form 8886-T | | | v |
| 41 | List the states with which a copy of this return is filed. NONE | 40e | | <u>X</u> |
| | The organization's books are in care of ► DOUGLAS HARTMAN Telephone no. ► 412-46 | 1_1 | 117 | |
| | Located at > THE BOST BLDG., 623 EAST 8TH AVE, HOMESTEAD, PA ZIP+4 > 1 | | | <u> </u> |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | <u>J 1 4</u> | <u> </u> | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | Na |
| | account)? | | res | No X |
| | If "Yes," enter the name of the foreign country: | 42b | | A |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | A24 | an a | |
| - | If "Yes," enter the name of the foreign country: > | 420 | L | <u> </u> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | ~ |
| | | N/A | F | Lł |
| | | N/A | | |
| | | 1 | V - | |
| 44 2 | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | Yes | |
| 774 | | | | |
| ħ | Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | 44a | | X |
| U | of the organization operate one of more nospital labilities outling the year? IT "Yes," Form 990 must be completed instead | | | |
| • | of Form 990-EZ | 44b | ┝───┤ | X |
| U N | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | | | |
| 46~ | in Schedule O | 441 |] | <u> </u> |
| 10 d 16 h | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| ĐΟU | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | | piint | |
| | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45h | 1 | X |

Form 990-EZ (2011)

| Form 990-EZ (| 2011) ALLIANCE OF NATIONAL HERI | TAGE AREAS | | <u>31-17787</u> | 08 Page 4 |
|---|---|--|---|---|--|
| | organization engage, directly or indirectly, in political campaign activiti complete Schedule C, Part I | | | | Yes No |
| Part VI | Section 501(c)(3) organizations and section 49 | 947(a)(1) nonexempt | charitable tru | sts only. All se | |
| | organizations and section 4947(a)(1) nonexempt charitable t | | | - | • • • • |
| | for lines 50 and 51. Check if the organization used Schedule | • | | • | ~ — |
| | | <u> </u> | | | Yes No |
| | rganization engage in lobbying activities or have a section 501(h) ele | | | | 47 |
| 48 Is the or | ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," | complete Schedule E | | | 48 |
| 49a Did the o | rganization make any transfers to an exempt non-charitable related o | rganization? | | | 19a |
| | was the related organization a section 527 organization? | | | | 19b |
| | e this table for the organization's five highest compensated employee 0,000 of compensation from the organization. If there is none, enter ' | None." | s, trustees and key er | | |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (C) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred | (e) Estimated amount of other compensation |
| | N/A | position | | compensation | |
| | | - | | | |
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| <u>.</u> | | | | | |
| . <u> </u> | | | 1 | | |
| | nber of other employees paid over \$100,000 | | | | |
| | this table for the organization's five highest compensated independe | ent contractors who each received | ved more than \$100, | 000 of compensati | ion from the |
| | ion. If there is none, enter "None." N/A. d address of each independent contractor paid more than \$100,000 | (b) Type o | foorvioo | (0) (1 | mpensation |
| | | | | | Impensation |
| | | ······ | | | |
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| | | | | | <u></u> |
| | | | | | |
| d Total num | ber of other independent contractors each receiving over \$100,000 | | | | ······································ |
| | ganization complete Schedule A? Note: All section 501(c)(3) organization | none and 4947(a)(1) noneve | | | |
| | | | , | ▶□ | Yes No |
| Under penalties of Declaration of pres | trusts must attach a completed Schedule A perjury, I declare that I have examined this return, including accompanying sche parer (other than officer) is based on all information of which preparer has any kno | dules and statements, and to the be | est of my knowledge and | belief, it is true, corre | ct, and complete. |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| Sign Fere | Signature of officer | | | Oate | |
| | MARILYN A.W. BLACK, SECRETARY | <u>r</u> | | | |
| | Type or print name and title | | | - | |
| Data | Print/Type preparer's name Preparer's signature | n -n Date | Check | | |
| Paid Propertor | TITADINI I UDI CURRENT CURRENT E | Kuther 8/0/2 | self- emplo | - | 85616 |
| Preparer Use Only | ELIZABETH E. KRISHER GUESSEL CPA'S | | | | 75616 |
| Use Only | | | Firm's EIN | | |
| | Firm's address > 503 MARTINDALE STREET PTTTSBURGH, PA 15212 | , SUITE 600 | Phone no | . 412-4/ | 1-5500 |
| May the IRS die | EUST TO DURGE PA JOALA | | | | Yes No |
| may the tho UIS | wass and return with the preparer shown above? See instructions | ····· | | <u> – La</u> | |

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Form 990-EZ (2011)

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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 99 Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional infor Attach to Form 990 or 990-EZ. | auestions o | | 2011 Open to Public Inspection |
|--|---|-------------|--------------|--------------------------------------|
| Name of the organization | ALLIANCE OF NATIONAL HERITAGE AREA | | | r identification number |
| FORM 990-EZ, | PART I, LINE 8, OTHER REVENUE: | | | |
| DESCRIPTION (| OF OTHER REVENUE: | <u> </u> | | AMOUNT: |
| MISCELLANEOUS | 3 | | | 1,660 |
| FORM 990-EZ, | PART I, LINE 16, OTHER EXPENSES: | | | |
| DESCRIPTION C | OF OTHER EXPENSES: | | | AMOUNT: |
| CONFERENCES, | CONVENTIONS, AND MEETINGS | | | 12,842 |
| BANK/CREDIT | ARD FEES | | | 644 |
| INSURANCE | | | | 931 |
| MISCELLANEOUS | | | | 270 |
| PROMOTION AND | MARKETING | | | 4,810 |
| TOTAL TO FORM | 990-EZ, LINE 16 | | | 19,497 |
| FORM 990-EZ, | PART II, LINE 24, OTHER ASSETS: | | | |
| DESCRIPTION | B | EG. OF | YEAR | END OF YEAR |
| ACCOUNTS RECE | IVABLE | | 0. | 1,000 |
| FORM 990-EZ, | PART II, LINE 26, OTHER LIABILITIES: | | | |
| DESCRIPTION | B | EG. OF | YEAR | END OF YEAR |
| ACCOUNTS PAYA | BLE AND ACCRUED EXPENSES | | 620. | 50. |
| FORM 990-EZ, | PART III, PRIMARY EXEMPT PURPOSE - TH | E PURP | OSE IS | TO |
| ADVOCATE, FAC | ILITATE, AND CELEBRATE INITIATIVES WH | ICH EN | HANCE | THE |
| QUALITY OF LI | FE FOR CITIZENS AND THEIR COMMUNITIES | ; ATTR | ACT VIS | SITORS TO |
| THOSE COMMUNI | TIES; AND PROVIDE EXAMPLES OF SUSTAIN | ABLE D | ESTINA | FION |
| | OR THE UNITED STATES. | | | |
| HA For Paperwork Red 32211 1-23-12 | uction Act Notice, see the Instructions for Form 990 or 990-EZ. | Sch | edule O (For | m 990 or 990-EZ) (2011 |

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number 31–1778708

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ALLIANCE HELPED TO ESTABLISH AND PROMOTE THE IDENTITY

OF ITS MEMBERS DURING THE YEAR BY CREATING AND ENHANCING

STRATEGIC LINKS AMONG THE NATIONAL HERITAGE AREAS,

EDUCATING CONSTITUENCIES ABOUT THE SUCCESSES AND OPPORTUNITIES

ASSOCIATED WITH NATIONAL HERITAGE AREAS AND CREATING A NATIONAL

PLATFORM FOR NATIONAL HERITAGE AREAS UPON WHICH BOTH COLLECTIVE AND

INDIVIDUAL ISSUES ARE ARTICULATED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

| Schedule O (Form 990 or 990-EZ) (2011) | | | | Page 2 |
|---|--|---|---------------------------------------|--|
| Name of the organization ALLIANCE OF NATIONAL | HERITAGE AREA | S | nployeridentific 31–17787 | |
| Part IV List of Officers, Directors, Trustees, and Key I | mployees. List each one e | ven if not compensated. | (see the instructions fi | or Part IV) |
| (a) Name and address | (b) Title and average hours per week devoted to position | (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, | (e) Estimated amount of other compensation |
| CYNTHIA SUTTON, 623 EAST 8TH AVENUE, | DIRECTOR | | 1 | |
| HOMESTEAD, PA 15120 | 3.00 | 0. | 0. | 0. |
| DON SHORT, 623 EAST 8TH AVENUE, | DIRECTOR | | | |
| HOMESTEAD, PA 15120 | 3.00 | 0. | 0. | 0. |
| AUGUST CARLINO, 623 EAST 8TH AVENUE, | DIRECTOR | | | |
| HOMESTEAD, PA 15120 ANGIE CHANDLER, 623 EAST 8TH AVENUE, | 3.00 | 0. | <u>0.</u> | 0. |
| HOMESTEAD, PA 15120 | DIRECTOR | | 0 | |
| BETH SCIUMECA, 623 EAST 8TH AVENUE, | 3.00 DIRECTOR | 0. | 0. | 0. |
| HOMESTEAD, PA 15120 | 3.00 | ο. | 0 | 0 |
| | DIRECTOR | 0. | 0. | 0. |
| 623 EAST 8TH AVENUE, HOMESTEAD, PA 15 | - | 0. | 0. | 0 |
| JEREMY MORRIS (2/1/11 THRU PRESENT), | DIRECTOR | | <u> </u> | 0. |
| 623 EAST 8TH AVENUE, HOMESTEAD, PA | 3.00 | o. | 0. | 0. |
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Department of the Treasury

Internal Revenue Service Ogden UT 84201 2542 15120 K IRS USE ONLY 211

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Notice Number: CP211A Date: September 12, 2011

Taxpayer Identification Number: 31-1778708 Tax Form: 990 Tax Period: December 31, 2010

670



ALLIANCE OF NATIONAL HERITAGE AREAS % SIHC 623 E 8TH AVE HOMESTEAD PA 15120-1985233

108015

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2011.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <u>www.irs.gov/eo</u>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

| For | m 9 : | 90-EZ | Return of C Under section 501(c), 52 | Short I Drganization E2 7, of 4947(a)(1) of the Intern private four 512(b)(13) must file Form 990. All of assets less than 5500 000 at the on by have to use a copy of this | Form kempt Fl al Revenue Codu | o (except b | ncome | e Ta | X st or | OMB No. 1545-1150 |
|------------|--------------|--------------------------------------|---|---|---|-------------------------------|--|------------------------|------------------------|------------------------------|
| | | t of the Treasury venue Service | organizations as defined in section | Shor advised funds, organizations 1 512(b)(13) must file Form 990. All of assals less than \$500,000 at the on | that operate one or 1 ther organizations w | nore hospila ith gross rec | l facilities, and c aipts less than | ertain co \$200,000 | ntrolling and total | Open to Public |
| _ | | he OOdo a tarrel | The organization ma | y have to use a copy of thi | s return to sati | fy state r | eporting req | uireme | ents. | Inspection |
| 8 | Check | ne zo io calenu | lar year, or tax year begin ne of organization | ning | | and en | ding | | | |
| | - | | ne or organization | | | | | DEmp | loyer ide | entification number |
| | | ress change | | | | | | | | |
| - I | | te change AL | DIANCE OF NAT | IONAL HERITAG | E AREAS | | D | | | 78708 |
| F | | . . | | | • | | Room/suite | | phone ni | |
| F | - | Cibio | O SIHC 623 E r town, state or country, and Z | AST 8TH AVENU | Ľi | | | | | 64-4417 |
| F | | 170 | | 15120 | | | | | up Exemi | ption |
| | | cation pending [HO nting Method: | Cash X Accrua | | | | | | nber 🕨 | |
| | | | •NATIONALHERI | | | | | | | X lif the organization is no |
| | | | | $\frac{1 \times 501(c)}{(6)} = 1 $ | | | | | | ttach Schedule B |
| <u>v</u> | Phoek | Kempt status (cae | ck unity one) = [] out(c) | (3) ▲ 501(C) (0) ◀(In | <u>isert no.)</u> 4 | 947(a)(1) | or L 527 | (For | m 990, 9 | 90-EZ, or 990-PF). |
| 0 | Enrm (| P in uie o | rganization is not a section bu | 9(a)(3) supporting organizatio | in and its gross r | eceipts are | normally no | t more t | han \$50, | 000. A Form 990-EZ or |
| | | ete return. | edanea moafin Loint aan-M (i | e-postcard) may be required (s | see instructions). | But il the | organization (| chooses | to file a | return, be sure to file a |
| | | | to line Q to determine proce | receipts. If gross receipts are \$ | 000 000 | | | | | |
| ын н 1 | -100 M | column (B) belo | where \$500,000 or more file | Form 990 instead of Form 990 | SCOULUUU OF MOR | e, or it tota | i assets (Part | Ш, | | 100 000 |
| P | art I | Revenue. | Expenses, and Cha | nges in Net Assets | or Fund Ba | ances | can the instru | uctione t | ► \$ for Part | 120,000. |
| A 4.95 | | | | o respond to any question in th | | | | | | |
| | 1 | Contributions a | ifts grapts and similar amoun | nts received | IIS FAILI | | | | 1 | <u>X</u> |
| | 2 | Prooram service | revenue including governme | nt fees and contracts | | | •••••• | | 2 | |
| | 3 | Membership du | es and assessments | | | | | ····· - | 3 | 120,000. |
| | 4 | Investment inco | me | | | | •••••• | | 4 | 120,000. |
| | 5a | Gross amount fr | om sale of assets other than i | nventory | 5a | 1 | | | 14 (1) 5 (1) | ······ |
| | Ь | Less: cost or oth | per hasis and sales expenses | | 5b | · · · | | | | |
| | c | Gain or (loss) fr | om sale of assels other than in | ventory (Subtract line 5b from |) line 5a) | | | | 500 50 | |
| | 6 | Gaming and fun | | | | | •••••• | | | |
| ø | a | | om gaming (attach Schedule (| G if oreater than | | | | 1.00 | | |
| inu, | | | - | | 6a | ł | | 100 PU | | |
| Revenue | b | Gross income tr | om fundralsing events (not inc | cluding \$ | | ntributions | 3 | | | |
| Ē | | | | tach Schedule G if the sum of | | | | | | |
| | | | | 000) | | 1 | | 400 C | 3423- | |
| | C | | enses from gaming and fundra | | 60 | 1 | •••••• | | | |
| | đ | Net income or (l | oss) from gaming and fundrai | sing events (add lines 6a and 6 | 6b and subtract I | ine 6c) | | | 6d | |
| | 7a | Gross sales of in | wentory, less returns and allow | vances | 7a | | | | | |
| | b | Less: cost of got | ods sold | | 76 | 1 | | | | |
| | C | Gross profit or (I | oss) from sales of inventory (| Subtract line 7b from line 7a) | | | | | 70 | |
| | 8 | Other revenue (d | lescribe in Schedule O) | | | | | Γ | 8 | ···· |
| | 9 | <u>total revenue.</u> A | Add lines 1, 2, 3, 4, 5c, 6d, 7c, | and 8 | | | | | 9 | 120,000. |
| | 10 | Grants and simil | ar amounts paid (list in Sched | ule O) | | | | | 10 | |
| | 11 | Benefits paid to a | or for members | | | • | | | 11 | |
| ses | 12 | Salaries, other co | ompensation, and employee b | enefits | | | | | 12 | |
| Expenses | 13 | Professional fees | s and other payments to indep | endent contractors | | | • | | 13 | 95,066. |
| Å | 14 | Occupancy, rent, | utilities, and maintenance | | •••••• | ••••• | | | 14 | 2,010. |
| | 15 | Printing, publicat | ions, postage, and shipping | | | ••••• | | | 15 | 3,334. |
| | 16 17 | other expenses (| describe in Schedule U) | | SEE S | CHEDU | JLE O | | 16 | 17,680. |
| | 17 | 10tal expenses. | Add lines 10 through 16 | | ······ | | | | 17 | 118,090. |
| sts | 18 | Excess or (deficit | i) for the year (Subtract line 17 | 7 from line 9) | •••••• | ••••• | | L | 18 | 1,910. |
| SS | 19 | iver assers or fun | d balances at beginning of yea | ar (from line 27, column (A)) | | | | 1000 | | _ · |
| Net Assets | 80 | unuscagree with | enu-oi-year ligure reported o | n prior year's return) | | | | | 19 | 85,170. |
| ž | 20 21 | | net assets or fund balances (| | | | - | | 20 | 0. |
| | | | d balances at end of year. Cor | | | | | | 21 | 87,080. |
| ĻНА | FUL | I APCINUK NEUU | ction Act Notice, see the sep | arate Instructions. | | | | | | Form 990-EZ (2010) |

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| Form 990-EZ (2010) ALLIANCE OF NATIONAL HE | RITAGE AREAS | | 31- | 17782 | 708 Pagi |
|--|--|---|---|--|--|
| Rantilli Balance Sheets. (see the instructions for Part II.) | | | | _ | |
| Check if the organization used Schedule O to respond to any ques | tion in this Part II | | | | |
| | | (A) Beginning of year | • | (B) | End of year |
| 22 Cash, savings, and investments | | 84,949 | 9. 22 | | 87,700 |
| 23 Land and buildings | | | 23 | | ** |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE | 0 | 558 | 3.24 | | 0 |
| | | 85,507 | 7.25 | | 87,700 |
| 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE | 0 | 337 | 7.26 | | 620 |
| 27 Net assets of land balances (line 27 of column (B) must agree with line t | 21) | 85 170 | | | 87,080 |
| Banaling Statement of Program Service Accomplishing | nents (see the instructions fo | r Part III.) | | F | xpenses |
| Check if the organization used Schedule O to respond to any ques | stion in this Part III | , | | (Required | d for section |
| What is the organization's primary exempt purpose?SEE SCHEDULE | 0 | | | 501(c)(3) |) and 501(c)(4) |
| Describe what was achieved in carrying out the organization's exempt | purposes. In a clear and con | cise mannor descr | riba | 4947(a)(1 | ions and section 1) trusts; optiona |
| he services provided, the number of persons benefited, and other rele | vant information for each ord | oram title | | for others | |
| 28 SEE SCHEDULE O | | <u>gran 1101</u> | · | | |
| | | | | | |
| | , <u></u> | | | | |
| (Grants \$) If this amount includes foreig | In orante, obsels have | | ── ─┐! | | |
| 9 | in grams, check here | | | 282 | ···· |
| | | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreir | | | | | |
| (Grants \$) If this amount includes foreig 0 | in grants, check here | | | 29a | |
| | | · | | | |
| | | | | | |
| (Granta \$ | | | | | |
| (Grants \$) If this amount includes foreig | n grants, check here | <u> </u> | | 30a | |
| 1 Other program services (describe in Schedule O) | | | | | |
| <u>Tenants o</u>) it this amount includes foreig | in grants, check here | ► | | 31a | |
| 2 Total program service expenses (add lines 28a through 31a) Rartiv List of Officers, Directors, Trustees, and Key | | | ► | 32 | |
| Harrival List of Onicers, Directors, Trustees. and Key | r Employade | | | | |
| | Cinpicyces, List each ona e | wen if not compensated. | leas the in | activations f | for Part IV.) |
| Check if the organization used Schedule O to respond to any ques | tion in this Part IV | ven if not compensated. | leas the in | activations f | for Part IV.) |
| Check if the organization used Schedule O to respond to any ques | tion in this Part IV (b) Title and average hours | (c) Compensation | (see the in | nstructions f | for Part IV.) |
| Check if the organization used Schedule O to respond to any ques (a) Name and address | tion in this Part IV (b) Title and average hours per week devoted to | (c) Compensation (If not paid, enter | (See the in (d) Cos to en benefit | nstructions f ntributions nployee t plans & | (e) Expense account and |
| (a) Name and address | tion in this Part IV (b) Title and average hours per week devoted to position | (c) Compensation | (See the in (d) Con to en benefit de | nstructions f ntributions nployee t plans & ferred | (e) Expense account and |
| (a) Name and address | tion in this Part IV (b) Title and average hours per week devoted to position DIRECTOR | (c) Compensation (If not paid, enter | (See the in (d) Con to en benefit de | nstructions f ntributions nployee t plans & | (e) Expense account and |
| (a) Name and address OAYTON SHERROUSE, 623 EAST 8TH VENUE, HOMESTEAD, PA 15120 | tion in this Part IV (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter | (see the in (d) Con to en benefi del comp | nstructions f ntributions nployee t plans & ferred ensation | (e) Expense account and other allowance |
| (a) Name and address DAYTON SHERROUSE, 623 EAST 8TH VENUE, HOMESTEAD, PA 15120 INNIE HARRIS, 623 EAST 8TH AVENUE. | tion in this Part IV (b) Title and average hours per week devoted to position DIRECTOR | (c) Compensation (If not paid, enter -0) | (see the in (d) Con to en benefi del comp | nstructions f ntributions nployee t plans & ferred | (e) Expense account and other allowance |
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Form 990-EZ (2010)

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| _ | M 990-EZ (2010) ALLIANCE OF NATIONAL HERITAGE AREAS | 31-3 | 1778708 | | Page 3 |
|-----------|--|-------------------------------|-----------------|-------------------|-----------------|
| 1 | an V Other Information (Note the statement requirements in the instructions for Part V | /.) | | | |
| | Check if the organization used Schedule O to respond to any question in this Part V | | | | X |
| | N 10 | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed des | scription of each activity in | | | |
| | Schedule O | | 33 | | х |
| 34 | were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | copy of the amended | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O | (see instructions) | | | Х |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among | g others), but not | | | |
| | reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990- | -T. | | 部隊 | |
| i | a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), | 501(c)(5), or | 1 | | |
| | 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | 35a | | Х |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | 35b | N/ | A |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du | uring the year? If "Yes," | | | |
| 97. | complete applicable parts of Schedule N | | | | X |
| 215 | Enter amount of political expenditures, direct or indirect, as described in the instructions. | 37a | 0. | | |
| 20- | Did the organization file Form 1120-POL for this year? | | 37b | | X |
| 000 | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we | re any such loans made | | | 100 CT |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | | 38a | | X |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b N/A | | 3、武装 | |
| 39 | Section 501(c)(7) organizations. Enter: | | | | |
| 0 1 | Initiation fees and capital contributions included on line 9 | 39a N/A | | 送 港 | |
| 40.0 | Gross receipts, included on line 9, for public use of club facilities | 39b N/A | | | |
| 408 | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | 調整 | |
| ь К | section 4911 N/A ; section 4912 N/A ; section 4955 | ▶ <u>N/A</u> | X | | |
| U | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bene | fit transaction during the | | 服用 | 8490) 8490) |
| | year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its | | • | | |
| | II "Yes," complete Schedule L, Part I | | 40b | N/ | <u>A</u> |
| Ļ | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | | | 1993) 1993 | |
| r. | or disqualified persons during the year under sections 4912, 4955, and 4958 | ▶ <u> N/A</u> | | | |
| u | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | | | 22203 108000 |
| • | Organization | ▶ <u>N/A</u> | | | Litter |
| u | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | 234 | -file at | 1995 |
| A1 | transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE | | 40e | | <u> </u> |
| | The organization's books are in care of DOUGLAS HARTMAN | | | 44 8 | |
| 76 4 | Located at THE BOST BLDG., 623 EAST 8TH AVE, HOMESTER | Telephone no. > 412 | | | |
| h | At any time during the calendar year, did the organization have an interest in or a signature or other authority | AD, PA ZP+4 | ▶ <u>1512</u> | 0 | |
| - | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | r | - | <u></u> |
| | account/2 | | | Yes | No |
| | If "Yes," enter the name of the foreign country: | | 42b | 21/20/202 | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank a | ad Financial damage | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | ing Financial Accounts. | | | |
| • | If "Yes," enter the name of the foreign country: | | 420 | | <u> </u> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | <u> </u> | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | 🕨 | |
| | and shall are amount of tax shoring tradeout received of accrocy during the tax year | 43 | <u>N/A</u> | | |
| | | | r | | <u> </u> |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed | d 1 | | Yes | No |
| | | | 1. 100 A. 17 | | - |
| ð | Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be compl | lated instead | 44a | 1.18 1.2. | X |
| | of Form 990-EZ | ieren HISTRAA | | 339. | v |
| c | of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? | | 44b | | X |
| đ | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an expl | lanatina | | - | |
| _ | in Schedule O | anation | | rige? | |
| | | | | | 0010 |
| | | | Form 9 9 | 7 0- EZ () | 2010} |

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| - | 990-EZ (2010) ALLIANCE OF NATIONAL HER | RITAGE AREAS | | <u>31-17787</u> | 708 Pa | ge 4 |
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| | | | | | | lo |
| 45 k | s any related organization a controlled entity of the organization within t Did the organization receive any payment from or engage in any transaction | he meaning of section 512(b) | (13)? | | | X |
| lf L | f "Yes," Form 990 and Schedule R may need to be completed instead of For | r with a controlled entity within the rm 990-EZ | e meaning of section | o12(0)(13)? ∦ | 45a | X |
| 46 D | Did the organization engage, directly or indirectly, in political campaign active i "Yes," complete Schedule C, Part I | vities on behalf of or in opposition | to candidates for pu | blic office? | | |
| Par | Section 501(c)(3) organizations and section | 4947(a)(1) nonexempt | charitable trus | s ts only. All s | ection 501(c)(3 | |
| | organizations and section 4947(a)(1) nonexempt charitable trusts | must answer questions 47-49b a | nd 52, and complete | the tables for line | es 50 and 51. | |
| | Check if the organization used Schedule O to respond to any quest | tion in this Part VI | | ····· | L Yes M | |
| 47 Đ | id the organization engage in lobbying activities? If "Yes," complete Sci | hedule C. Part II | | Г | 47 | 40 |
| 48 Is | s the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye | s," complete Schedule E | | | 48 | |
| 49a D | id the organization make any transfers to an exempt non-charitable related | organization? | | | 49a | |
| . D If 50 C | "Yes," was the related organization a section 527 organization? | | | | <u>49b</u> | |
| th | complete this table for the organization's five highest compensated employ han \$100,000 of compensation from the organization. If there is none, enter | ees (other than obicers, directors er "None." | , trustees and key en | nployees) who ea | ch received mo | ore |
| | (a) Name and address of each employee paid more | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred | (e) Expens account an other allowan | đ |
| <u></u> | 100,000 N/A | position | | compensation | | |
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| f Te | otal number of other employees paid over \$100,000 | | | | | |
| | otal number of other employees paid over \$100,000 complete this table for the organization's five highest compensated indepen | Ident contractors who each receiv | red more than \$100.0 | 000 of compensa | tion from the | |
| | rganization. If there is none, enter "None." N/A | | | | | |
| | (a) Name and address of each independent contractor paid more | e than \$100.000 | (b) Type of serv | /ice (c |) Compensation | |
| | | | | | | <u>n</u> |
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| | otal number of other independent contractors each receiving over \$100,00 | | | | | n |
| 52 Di | id the organization complete Schedule A? Note: All section 501(c)(3) orga | 0 | - | | | |
| 52 Di | id the organization complete Schedule A? Note: All section 501(c)(3) orga haritable trusts must attach a completed Schedule A | IO nizations and 4947(a)(1) nonexer | | | Yes | n |
| 52 Di | id the organization complete Schedule A? Note: All section 501(c)(3) orga haritable trusts must attach a completed Schedule A Once penantes or perjuy, I declare mar nave examined inistenzif, including a correct, and complete. Declaration of preparer (other than officer) is based on all | IO nizations and 4947(a)(1) nonexer | | | Yes | |
| 52 Di | id the organization complete Schedule A? Note: All section 501(c)(3) orga haritable trusts must attach a completed Schedule A Under penantes or perjury, 1 declare that 1 have examined unis return, hichuding a correct, and complete. Declaration of preparer (other than officer) is based on all Signature of officer | IO nizations and 4947(a)(1) nonexer | | Knowledge and beit | Yes | |
| 52 Di | id the organization complete Schedule A? Note: All section 501(c)(3) orga haritable trusts must attach a completed Schedule A Under penantes or perjury, 1 declare that 1 have examined unis return, hichuding a correct, and complete. Declaration of preparer (other than officer) is based on all Signature of officer | IO nizations and 4947(a)(1) nonexer | | | ☐ Yes ef, in 15 true, | |
| 52 Di ch | id the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A | 10 nizations and 4947(a)(1) nonexel information of which preparer has any | | | Yes | |
| 52 Di ch Sign Here Paid | id the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization of prepared section of the | 10 Inizations and 4947(a)(1) nonexel information of which preparer has any t re Date | Check | Date | Yes | |
| 52 Di Ch Sign Here Paid Prepa | id the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization of prepared schedule A | 10 nizations and 4947(a)(1) nonexel information of which preparer has any | Check | Date | ☐ Yes ef, it is true, | |
| 52 Di ch Sign Here Paid | id the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization of prepared schedule A Under permittes of perpy: I declare that i have axamined initis return; including a correct, and complete. Declaration of preparer (other than officer) is based on all Signature of officer Type or print name and title Print/Type preparer's name Elizabeth E. / (Visher Firm's name ► MAHER DUESSEL, CPA'S | 10 nizations and 4947(a)(1) nonexet information of which preparer has any ree E. Mandul Jale Is 15/ | Check Self- employ | Date | | |
| 52 Di Ch Sign Here Paid Prepa | id the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization of preparet instruments instr | 10 nizations and 4947(a)(1) nonexer recompanying schedules and statement information of which preparer has any 1 re E. L. C. Date Is 151 Is 151 | check self- employ | Date |] Yes ef, к is вие, /1 ~- 5500 | |
| 52 Di ch Sign Here Paid Prepa Use C | id the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization of prepared examined initial concert, and complete. Declaration of preparer (other than officer) is based on all signature of officer Type or print name and title Print/Type preparer's name Elizabeth E / (Visher) Firm's name ▶ MAHER DUESSEI/, CPA'S Firm's address ▶ THREE GATEWAY CENTER PITTSBURGH, PA 15222 IRS discuss this return with the preparer shown above? See instructions | 10 nizations and 4947(a)(1) nonexember information of which preparer has any 1 re E. L. C. L. | Check Self- employ | Date] if PTIN red ▶ 412-47 | | |

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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990- 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. | | No. 1545-0047 010 anito:Rublicase pection |
|--|---|--------------------------------|--|
| Name of the organizatio | ALLIANCE OF NATIONAL HERITAGE AREAS | Employer identifie 31-17787 | |
| FORM 990-EZ, | PART I, LINE 16, OTHER EXPENSES: | | |
| DESCRIPTION | OF OTHER EXPENSES: | AM | OUNT: |
| CONFERENCES, | CONVENTIONS, AND MEETINGS | | 5,723. |
| BANK/CREDIT | CARD FEES | | 542. |
| INSURANCE | | | 887. |
| PROMOTION AN | D MARKETING | i | 10,528. |
| TOTAL TO FOR | M 990-EZ, LINE 16 | ···· | 17,680. |
| , | · | | |
| FORM 990-EZ, | PART II, LINE 24, OTHER ASSETS: | · | |
| DESCRIPTION | BEG. OF Y | YEAR END | OF YEAR |
| SECURITY DEP | OSITS 5 | 558 | 0. |
| | | | |
| FORM 990-EZ, | PART II, LINE 26, OTHER LIABILITIES: | | |
| DESCRIPTION | BEG. OF Y | EAR END | OF YEAR |
| ACCOUNTS PAY | ABLE AND ACCRUED EXPENSES 3 | 337. | 620. |
| FORM 990-EZ, | PART III, PRIMARY EXEMPT PURPOSE - THE PURPOS | SE IS TO | |
| ADVOCATE, FA | CILITATE, AND CELEBRATE INITIATIVES WHICH ENHA | NCE THE | |
| QUALITY OF L | IFE FOR CITIZENS AND THEIR COMMUNITIES; ATTRAC | T VISITOR | <u>5 TO</u> |
| THOSE COMMUN | ITIES; AND PROVIDE EXAMPLES OF SUSTAINABLE DES | TINATION | |
| DEVELOPMENT | FOR THE UNITED STATES. | | |
| | | | |
| FORM 990-EZ, | PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH | IMENTS: | |
| THE ALLIANCE | HELPED TO ESTABLISH AND PROMOTE THE IDENTITY | | |
| OF ITS MEMBER | AS DURING THE YEAR BY CREATING AND ENHANCING | | |
| | | | |

STRATEGIC LINKS AMONG THE NATIONAL HERITAGE AREAS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

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Schedule O (Form 990 or 990-EZ) (2010)

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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,



ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number 31-1778708

EDUCATING CONSTITUENCIES ABOUT THE SUCCESSES AND OPPORTUNITIES

ASSOCIATED WITH NATIONAL HERITAGE AREAS AND CREATING A NATIONAL

PLATFORM FOR NATIONAL HERITAGE AREAS UPON WHICH BOTH COLLECTIVE AND

INDIVIDUAL ISSUES ARE ARTICULATED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, 032211 01-24-11

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Schedule O (Form 990 or 990-EZ) (2010)

| lame of the organization | | E | mployer identific | cation numbe |
|---|--|--|---------------------------|--|
| ALLIANCE OF NATIONAL | HERITAGE AREA | S | 31-17787 | 08 |
| Partily, List of Officers, Directors, Trustees, and Key I | | | . (see the instructions t | for Part IV.) |
| (a) Name and address | (b) Tille and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | | (e) Expense account and other allowanc |
| YNTHIA SUTTON, 623 EAST 8TH AVENUE, | DIRECTOR | | compensation | |
| IOMESTEAD, PA 15120 | 3.00 | | | |
| OON SHORT, 623 EAST 8TH AVENUE, | DIRECTOR | 0 | 0. | (|
| IOMESTEAD, PA 15120 | 3.00 | | | |
| UGUST CARLINO, 623 EAST 8TH AVENUE, | DIRECTOR | 0. | . 0. | (|
| IOMESTEAD, PA 15120 | | | | |
| NGIE CHANDLER, 623 EAST 8TH AVENUE, | 3.00 DIRECTOR | 0. | . 0. | (|
| IOMESTEAD, PA 15120 | | | | |
| ETH SCIUMECA, 623 EAST 8TH AVENUE, | 3.00 | 0. | . 0. | (|
| OMESTEAD, PA 15120 | DIRECTOR | | | |
| . DENMAN ZIRKLE, 623 EAST 8TH | 3.00 | 0. | 0. | (|
| VENUE, HOMESTEAD, PA 15120 | DIRECTOR | | | |
| VENCE, HOMESTEAD, PA 15120 | 3.00 | 0. | . 0. | (|
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Schedule O (Form 990 or 990-EZ) (2010)

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